

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 24 1949

State File No. 9084

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4287 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Lincoln</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Lincoln</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Troy</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">Life</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Home</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Troy</p>	
d. STREET ADDRESS <p style="text-align: center;">D</p>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Henry</p>		b. (Middle) <p style="text-align: center;">Reace</p>	
c. (Last) <p style="text-align: center;">Holmes</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Mar. 16, 1949</p>	
5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>	8. DATE OF BIRTH <p style="text-align: center;">Nov. 8, 1886</p>
9. AGE (In years last birthday) <p style="text-align: center;">62</p>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Ins. Agent</p>	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Lincoln Co. Missouri</p>
10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">General Ins.</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p>	
13a. FATHER'S NAME <p style="text-align: center;">Charles A. Holmes</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Julia Duncan</p>	
14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Nora Jenkins Holmes</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>	
16. SOCIAL SECURITY NO. <p style="text-align: center;">None</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Nora Jenkins Holmes</p>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS <p style="text-align: center;">Troy, Missouri</p>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Bronch's gland Carcinoma of Lung</p>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p style="text-align: center;">165X</p>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <p style="text-align: center;">Oct - 1948</p>		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">Bronch's gland Carcinoma of Right Lung</p>	
19a. DATE OF OPERATION <p style="text-align: center;">Oct - 1948</p>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <p style="text-align: center;">J. L. Leusch</p>		23b. ADDRESS <p style="text-align: center;">Troy, Mo</p>	
23c. DATE SIGNED <p style="text-align: center;">3/18/49</p>		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">Mar. 18, 1949</p>	
24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Troy Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Troy, Missouri</p>	
DATE REC'D BY LOCAL REG. <p style="text-align: center;">3-18-49</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Emma B. Riddle</p>	
25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Kemper Funeral Home</p>		ADDRESS <p style="text-align: center;">Troy, Missouri</p>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 22 1949

MAR 23 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.