

FILED DEC 27 1954

BIRTH NO.

REG. DIST. NO.

149

PRIMARY REG. DIST. NO.

1002

State File No. 5554

5554

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 4 1/2 mos	c. CITY OR TOWN BURLINGAME
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		STREET ADDRESS (If rural, give location) 117 W. HALE	
3. NAME OF DECEASED a. (First) LEROY (Type or Print)		b. (Middle) FRANKLIN	c. (Last) HOLCOMB SR
4. DATE OF DEATH December 1, 1954		5. SEX Male	
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 24, 1897	9. AGE (In years last birthday) 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - 2 YEARS	10b. KIND OF BUSINESS OR INDUSTRY Letter Carrier	11. BIRTHPLACE (City and State or Foreign Country) Pittsburg, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry S. Holcomb		13b. MOTHER'S MAIDEN NAME Florence Downing	14. NAME OF HUSBAND OR WIFE Mary F. Holcomb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI and WW2	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Official Records, K.C. Missouri	
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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor pulmonale		INTERVAL BETWEEN ONSET AND DEATH 2 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchiectasis and emphysema		4 to 6 mos
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic malnutrition secondary to depressed state and undiagnosed central nervous system		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION disease		20. AUTOPSY? 526 X YES <input type="checkbox"/> NO <input checked="" 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) VA	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 July 16, 1954 , to December 1, 1954 , XXXXXXXXXXXXXXXXXXXX and that death occurred at 5:30A m. , from the causes and on the date stated above.			
23a. SIGNATURE W.H. Keener W.H. Keener, M.D.		23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 12/1/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 3, 1954	24c. NAME OF CEMETERY OR CRYPTORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
DATE REC'D BY LOCAL REG. 12-3-54	REGISTRAR'S SIGNATURE Neva Minchell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.A. Neumann Sons - KANSAS CITY, MISSOURI	

(Licensed Emballer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert A. Boyer*
.....

Licensed Embalmer No. *48*

P. O. Address *KC 10, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.