

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **23770**  
Registrar's No. **2058**

**FILED JUL 25 1956**

BIRTH NO. **5898856** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Jackson</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Kansas city mo</b>		c. CITY OR TOWN <b>Kansas city Rural</b>	
c. LENGTH OF STAY (in this place) <b>5 hrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>		* STREET ADDRESS (If rural, give location) <b>9331 Mc Kee 1</b>	
<b>3. NAME OF DECEASED</b>		<b>4. DATE OF DEATH</b>	
a. (First) <b>Infant</b>		(Month) (Day) (Year) <b>July 6-1956</b>	
b. (Middle) <b>Herman</b>			
c. (Last) <b>Holmes</b>			
(Type or Print)			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>July 6 1956</b>
<b>10a. USUAL OCCUPATION</b> <b>Infant</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Baby</b>	<b>9. AGE</b> (In years last birthday) <b>5</b>
		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Kansas city mo</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
<b>13a. FATHER'S NAME</b> <b>Charles James Holmes</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Grace Alice Holmes</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>none</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Charles Holmes</b>
(If yes, give war or dates of service)		<b>ADDRESS</b> <b>9331 Mc Kee St</b>	
<b>18. CAUSE OF DEATH</b>		<b>MEDICAL CERTIFICATION</b>	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Atelectasis</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <b>Prems &amp; unity (28 wk baby)</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b>	
		<b>7625</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from July 6, 1956, to July 6, 1956, that I last saw the deceased alive on July 6, 1956, and that death occurred at _____ m., from the causes and on the date stated above.</b>			
<b>23. SIGNATURE</b> <b>George T. Clark MD</b>		<b>23b. ADDRESS</b> <b>7329 Broadway</b>	
(Degree or title)		<b>23c. DATE SIGNED</b> <b>7-6-56</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> <b>Burial</b>		<b>24b. DATE</b> <b>July 9 1956</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Green Lawn</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Jackson mo</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>7-7-56</b>		<b>REGISTRAR'S SIGNATURE</b> <b>neva minshall</b>	
		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>France-Wernall Funeral Home</b>	
		<b>ADDRESS</b> <b>KC mo</b>	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD  
George F. Clark

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..

Student.....  
Signature of Student Embalmer

Signed *Russell N. Francis*.....

Licensed Embalmer No. *425*.....

P. O. Address *K. C. 70*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.