

FILED SEP 14 1942  
Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond  
\*\*\* (If outside city or town limits, write "RURAL") \*\*\*

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Harry Holman

3. (b) If veteran, name war. No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Carrie Holman

6. (c) Age of husband or wife if alive. 65 years

7. Birth date of deceased. Oct. 6 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>10</u>	<u>21</u>	.....hr. ....min.

9. Birthplace Richmond Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business .....

12. Name Ephriam Holman

13. Birthplace Not Known Ray County  
(City, town, or county) (State or foreign country)

14. Maiden name Ella Branstter

15. Birthplace Not Known Ray County  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Holman

(b) Address Hardin Mo.

17. (a) Burial (b) Date thereof Aug. 30, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Richmond Mo.

19. (a) Aug. 29 1942 (b) Mrs. Mrs. W. Shepperd  
(Date registered local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27  
year 1942 hour 11 minute ..... M.

21. I hereby certify that I attended the deceased from Aug. 29 19...  
Richmond, Mo.  
that I last saw him ..... alive on ..... 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations .....

Of autopsy .....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State) .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) .....

Address Richmond Mo. Date signed 8-28-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

89  
1  
1

#P

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-11-42

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, #~~44~~<sup>47</sup> \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *E. M. ...* \_\_\_\_\_

Licensed Embalmer No. 2073 \_\_\_\_\_

P. O. Address Richmond Mo. \_\_\_\_\_

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.