

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 DAYS (Specify whether
In this community 8 years (years, months or days)

3. (a) PRINT FULL NAME CARL HOLMES

3. (b) If veteran, name war no
3. (c) Social Security No. unknown

4. Sex MALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANCES HOLMES
6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased MARCH 20, 1904
(Month) (Day) (Year)

8. AGE: Years 44 Months 1 Days 26
If less than one day hr. min.

9. Birthplace LEXINGTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

12. Name MILTON HOLMES

13. Birthplace LEXINGTON MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MAND POLLARD

15. Birthplace LEXINGTON MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant FRANCES HOLMES (WIFE)

(b) Address 1022 HOLMES Garfield

17. (a) Removal (b) Date thereof 5-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director

(b) Address Lexington Mo

19. (a) 5-17-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1022 GARFIELD
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 16,
year 1948 hour 2: minute 00 P. M.

21. I hereby certify that I attended the deceased from APRIL 2, 1948 to MAY 16, 1948;

that I last saw him alive on MAY 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death HODGKIN'S DISEASE
WITH INFILTRATION TO LIVER,
SPLEEN, AND ADRENAL

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 44/5

Major findings: Of operations

Of autopsy SAME AS ABOVE

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

23. Signature (M. D. or other)

Address GENERAL HOSPITAL NO. 2 Date signed 5/17/48

NOV 9 1948

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Harold K. Quinn

Licensed Embalmer No. 4220

P. O. Address. Leopoldton 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.