S. No. 2
I—9-4-41
r. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17646

State File No.

FILED JUN 19 1942

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 156

1. PLACE OF DEATH:
(a) County CAPE Girardeau
(b) City or town CAPE GIRARDEAU (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS HOSPITAL 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 MONTHS 7 DAYS (Specify whether In this community years, months or days) 69 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau (Rural) 16 (If outside city or town limits, write "RURAL")
(d) Street No. R.P.D. # 1 0 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME MARTHA JANE HOLCOMBE
3. (b) If veteran, name war —
3. (c) Social Security No. none

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, 2 divorced MARRIED
6. (b) Name of husband or wife JOHN T HOLCOMBE
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JAN (Month) 13 (Day) 1873 (Year)

8. AGE: Years 69 Months 4 Days 4 If less than one day hr. min.

9. Birthplace CAPE GIR Co. MO 0 (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 17 year 1942 hour 9 minute 55 A M.
21. I hereby certify that I attended the deceased from 5-16, 19 42, to 5-17, 19 42 that I last saw her alive on 5-16, 19 42 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Colon	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46 4	
Major findings: Of operations	
Of autopsy NO	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. Driscoll (M. D. or other)
Address Cape Girardeau Date signed 5/18/42

MOTHER
12. Name WILLIAM HOPPER
13. Birthplace CAPE GIR CO MO. 0 (City, town, or county) (State or foreign country)

FATHER
14. Maiden name ADELINE ERVIN
15. Birthplace CAPE GIR. Co MO 0 (City, town, or county) (State or foreign country)

16. (a) Informant Nell Holcombe
(b) Address Cape Girardeau MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 19 1942 (Month) (Day) (Year)
(c) Place: burial or cremation HOBBS CHAPPEL
18. (a) Signature of funeral director Mrs Lorberg
(b) Address Cape Girardeau Mo
19. (a) 5-19-42 (Date received local registrar) (b) F. N. Phelps (Registrar's signature)

1014 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 642-768

Date Filed 6-16-42

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, or by ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

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.