

AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24180

Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 1002
 (b) Township RAW Primary Registration District No. _____ Registered No. 2685
 (c) City KANSAS CITY (d) Street No. 342 S. VAN BRUNT St. 1362
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JULIA HOLBERG 4-16

(a) Residence, No. 342 S. VAN BRUNT BLVD. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ISADORE HOLBERG

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 15, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 2 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CINCINNATI OHIO13. NAME UNKNOWN MINTER14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) LOUISE LOTT 305 South Chelsea

18. BURIAL, CREMATION, OR REMOVAL

PLACE MEMORIAL TR. DATE JULY 5, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) DW NEWCOMER'S SONS BRUSH CREEK + PASCO.20. FILED 7-5 1938 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 193822. I HEREBY CERTIFY, That I attended deceased from 6/26, 1938, to 7/1, 1938.I last saw h. u. alive on 7/1, 1938. Death is saidto have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris
44W

Date of onset

6/26/38

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) R. A. Williams, M. D.(Address) 5400 St. John St. Kansas City, Mo.

Re - 2659
Amptone

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.....

Neil Carr

Licensed Embalmer No. 3976

P. O. Address.....

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, above space should be left blank.