

REC'D AUG 10 1938

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

24873
Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 96
(b) Township Hamilton Primary Registration District No. 8142 Registered No. 26
(c) City (d) Street No. St.
(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. 8 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary E. Holsinger

(a) Residence, No. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Marshalitown, Ia. (STATE OR COUNTRY)FATHER 13. NAME William Holsinger14. BIRTHPLACE (CITY OR TOWN) Bedford Co. Pa. (STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Catherine Ullery16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)17. INFORMANT Mrs. Susie Jones (ADDRESS) Hamilton, Mo.18. BURIAL, CREMATION, OR REMOVAL Maple Hill Cemetery PLACE Rosedale, Kansas DATE July 27, 193819. FUNERAL DIRECTOR Bram & Sons (ADDRESS) Hamilton, Mo.20. FILED July 26, 1938 Merle Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 193822. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1937, to July 26, 1938I last saw h. c. r. alive on July 23, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Valvular Heart Disease
mitral stenosis92 hr

Other contributory causes of importance:

Atherosclerosis
generalizedName of operation none Date ofWhat test confirmed diagnosis? Physian Was there an autopsy? no

23. 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) Hubert R. Booth, M. D.(Address) Hamilton, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)