

22 JAN 8 1940

MISSOURI STATE BOARD OF HEALTH

2 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

44096
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 592
(b) Township 2nd Primary Registration District No. 5290
(c) City Montgomery (d) Street No. _____ St.
(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 OLLIE BELL HOLLENSTEINER

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ORA HOLLENSTEINER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 2 10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) Cherry Mo.

13. NAME John Parkey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middletown Mo.

15. MAIDEN NAME Mary E. Dillion

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherry Mo.

17. INFORMANT (ADDRESS) Ora Hollensteiner
Montgomery City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Middletown Mo. DATE Dec. 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Britchford Kuhn
Middletown Mo.

20. FILED Dec. 4 1939 Paula Menefee
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1939, to Dec 4 1939
I last saw her alive on Dec 4 1939. Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis, acute
Date of onset Dec 4
Other contributory causes of importance: 44H
Tuberculosis 11-23-39

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Paula Menefee, M. D.
522 (Address) Montgomery City Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Clifford C. Feltner
Licensed Embalmer No. 3059
P. O. Address Wellsville 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, above space should be left blank.