

STANDARD CERTIFICATE OF DEATH

State File No. 5863

Registration District No. 59

Primary Registration District No. 5094

Registrar's No. 3

FILED MAR 16 1940

1. PLACE OF DEATH:

(a) County Benton
 (b) City or town Cole Camp Rural, Williams Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 69 Years
years, months or days

3. (a) PRINT FULL NAME Jacob Von Holten

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Mrs Anna Von Holten 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 13 1849
(Month) (Day) (Year)

8. AGE: Years 90 Months 10 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Tonjes Von Holten

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

14. Maiden name Metta Mahler

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

16. (a) Informant's own signature Katie Inaban

(b) Address Cole Camp Rural

17. (a) Burial (b) Date thereof Feb 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Cemetery

18. (a) Signature of funeral director B. L. Eichhoff

(b) Address Cole Camp No

19. (a) Feb 8 1940 (b) Sue Belover
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
 (c) City or town Cole Camp Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 69 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7
 year 1940 hour 11:15 minute 15 A. M.

21. I hereby certify that I attended the deceased from 6-19-39 to 2-7-40
 that I last saw him alive on 12-9-39
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration _____

Due to _____
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) 1
 Address Cole Camp Mo Date signed 2-8-40

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

Rev. 5-17-39
Form 1 X19511

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.

PHYSICIAN
 Underline the cause to which death should be charged statistically

RECEIVED
District Health Officer No. 7,
District File Number 3-40-413
Date Filed 3-5-40

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 E. Z. Eichhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Missouri

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.