

FEB MAR 1 - 1940
Registration District No. **276**

Primary Registration District No. **4180**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 4-26

3. (a) PRINT FULL NAME Anna Adeline Holzrichter

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 1 1880
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	10	27	hr. _____ min.

9. Birthplace Westphalia, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Sewing project

11. Industry or business _____

FATHER
12. Name John Hake
13. Birthplace Marys Home, Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Schepkes
15. Birthplace Westphalia, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ollie Immes
(b) Address Union, Missouri

17. (a) Burial (b) Date thereof Feb. 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director W. H. H. H.
(b) Address Union, Missouri

19. (a) 2-29-40 (b) Louis T. Hawes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Union
(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. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1940 hour 1:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 2-26 to 2-27, 1940
that I last saw her alive on 2-26 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes (Coma) Duration _____

Due to Diabetes

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____
(a) Means of injury _____
28. Signature L. M. Lenny (M. D. or other) MD
Address Union, Mo Date signed 2-28-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X1931

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.....

Licensed Embalmer No.....

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.