

EX-107 FEB 25 1942 6

Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 11

1. PLACE OF DEATH:

(a) County. Audrain
 (b) City or town. Mexico
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
(Specify whether
 In this community. Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain 4
 (c) City or town Trolley Heights 0
(If outside city or town limits, write "RURAL") 0
 (d) Street No. R. F. D. #1
(If rural, give location) 1
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Ronald Dale Holtkamp

3. (b) If veteran, name war. NO 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S O

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

7. Birth date of deceased April 4th, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 9 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Mexico, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child (C)

11. Industry or business _____

12. Name Eugene Holtkamp

13. Birthplace Mexico, Missouri (C)
(City, town, or county) (State or foreign country)

14. Maiden name Bonnie J. Huggons

15. Birthplace Fulton, Missouri (C)
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Hartegan

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 1/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director [Signature]

(b) Address Mexico, Missouri

19. (a) Jan 29-1940 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
 year 1941 hour 6:40 minute A M.

21. I hereby certify that I attended the deceased from Jan 21, 1941, to Jan 28, 1941;
 that I last saw h. s. alive on Jan 27, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Complicated by Pneumothorax, right
Influenza
 Due to _____

Due to Pleural effusion -
Sarcocystis effusion
 (Other conditions 2. 1. 1.)
(Include pregnancy within 3 months of death)

Major findings: none - other
 Of operations then separation of chest
 Of autopsy none

Duration

7 days

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) no
 (b) Date of occurrence _____
 (c) Where did injury occur? none
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature [Signature] (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature Harry F. Owen (M. D. or D)
 Address Mexico, Mo. Date signed 1/28/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 2-41-442

Date Filed FEB 19 1941

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 *Wm. A. ...*

Licensed Embalmer No. 3569

P. O. Address *...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.