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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2306

Registration District No. 213 — Primary Registration District No. 3014 — Registrar's No. 22

1. PLACE OF DEATH:

(a) County Cole Co.

(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital, O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 73-II-0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

(c) City or town Rhineland, Mo. 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? XX years.

3. (a) PRINT FULL NAME John William Holschlag.

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Emma Holschlag.

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Feb (Month) 25th (Day) 1867 (Year)

8. AGE: Years 73 Months II Days 0 If less than one day ___ hr. ___ min.

9. Birthplace Rhineland, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Ret Farmer

11. Industry or business

FATHER
12. Name Benard Holschlag.
13. Birthplace Unknown (City, town, or county) Germany. 4 (State or foreign country)

MOTHER
14. Maiden name Mary Pottebaum.
15. Birthplace Unknown (City, town, or county) Unknown. 9 (State or foreign country)

16. (a) Informant Paul J. Gnethers
(b) Address Liberty Ville Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27th 41 (Month) (Day) (Year)
(c) Place: burial or cremation Rhineland, Mo.

18. (a) Signature of funeral director Barton Barton
(b) Address Americus, Mo.

19. (a) 1-28-41 (Date received local registrar) (b) D V Bedford M.D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th year 1941 hour II minute 45 A M.

21. I hereby certify that I attended the deceased from 1-18-41, 19__, to 1-25, 1941; that I last saw him alive on 1-25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia following supra-pubic cystotomy — Duration 2 days

Due to 1270

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Enlarged prostate co. Urinary retention
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature D V Bedford (M. D. or other) M.D.
Address Jefferson City Mo. Date signed 1-28-41

(Licensed Embalmer's Statement on Reverse Side)

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 D.B.Baker, Registered Apprentice No. working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3875

P. O. Address Amerious, Mo.

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

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