

JAN 15 1941

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 4

1. PLACE OF DEATH

(a) County Franklin County
(b) City or town Washington Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)
In this community 11 years

3. (a) PRINT FULL NAME Walter O. Holt Haus, Jr.

3. (b) If veteran, name war none 3. (c) Social Security No. 481-14-3865

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased January 21 1921
(Month) (Day) (Year)

8. AGE: Years 19 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business Pipe Line Welder (Carpenter)

12. Name Walter H. Holt Haus

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

14. Maiden name Myrtle Richest

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter H. Holt Haus

(b) Address Casey, Ill. RFD #3

17. (a) Burial (b) Date thereof Jan 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo

18. (a) Signature of funeral director Theburg & Wittwer

(b) Address Washington Mo

19. (a) Jan - 7 - 1941 (b) H. O. May
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 302 Old Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1941 hour 5 minute 0 A. M.

21. I hereby certify that I attended the deceased from Jan 7 1941 to Jan 7 1941

that I last saw him alive on Jan 7 1941 and that death occurred on the date and hour stated above.

Immediate cause of death In Auto Accident on Washington Union road
Due to about 1 1/2 mile from Washington Mo.

Due to Fractured skull & neck
Other conditions lacerations on right side of face.

Major findings: None
Of operations None

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence January 7, 1941
(c) Where did injury occur? Washington Franklin Co Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No Public Place

While at work? None (Specify type of place)
(e) Means of injury Auto accident

23. Signature Ernst P. Ottman (M. D. or other)
Address Gerald Missouri Date signed 1/7/41

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

MOTHER FATHER

deceased car stalled + overturned
on highway - Non collision

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 MC

Lester A. Witt

Registered Apprentice No.

working under my personal supervision.

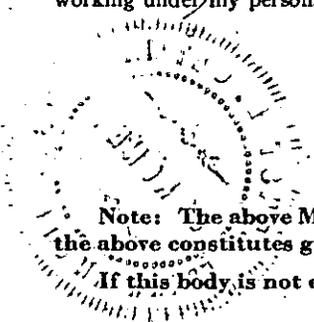
Signed Lester A. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, D.C.

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.



MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2575-

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 299

Primary Registration District No. 3016

Registrar's No.

WRITE FLUENTLY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington
(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 (Specify whether _____)

3. (a) PRINT FULL NAME Walter D. Holthaus, Jr

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race W

6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 19 Months 11 Days 14 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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.

20. DATE OF DEATH: _____ Month Jan day 7 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death In auto acc

ident on Washington

union road about

Due to '4' m from Washington

no.

Due to Fractured skull &

neck and lacerations

on rt side of face

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

This accident was not a collision. The car was on the right side of the main highway maintained by the county.

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) acc

(b) Date of occurrence 1-6-1941

(c) Where did injury occur? Washington (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? _____ (Specify type of place)

(e) Means of injury Auto wreck

23. Signature W. May, Jr. (M. D. or other) M.D.

Address Washington, Mo. Date signed 3-29-41

SUPPLEMENTARY

