

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9836

1245

State File No.

Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3105 Prospect Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 Yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Pauline HOLTMAN.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry C. Holtman 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased June 5th, 1899
(Month) (Day) (Year)

8. AGE: Years 41 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation House Wife.

11. Industry or business

MOTHER FATHER { 12. Name Lon Adee.
13. Birthplace / Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Hester Mary Whitesell
15. Birthplace / Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Henry C. Holtman
(b) Address 3105 Prospect Ave.

17. (a) Burial (b) Date thereof 3/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melloydy - McGilley
(b) Address K. C. Mo.

19. (a) 3/28/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) City Jackson
(c) City or town Kansas City Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No. 3105 Prospect Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 26 year 41
hour 2 minute 4 M.

21. I hereby certify that Pauline deceased from 2:04
1941

that I last saw her alive on 3/26/41
and that death occurred on the date and hour stated above.
Immediate cause of death

Acute pulmonary edema
Due to Acute excitation of the heart
Due to

Other conditions 45
(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?

(Specify type of place) (Specify type of place)
While at work 3
23. Signature W. H. Moore (M. D. or other)
Address H. C. Mo Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

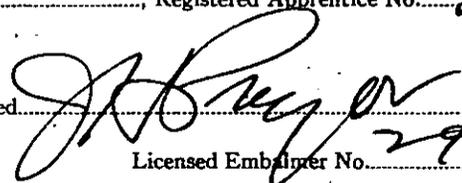
STATEMENT BY LICENSED EMBALMER

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. 267

working under my personal supervision.

Signed.....



.....
Licensed Embalmer No. 2999

P. O. Address.....
KC

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, fact should be so stated above.