

No. 2
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FILED JUL 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21638

Registration District No. 297

Primary Registration District No. 5414

Registrar's No. 54

1. PLACE OF DEATH: Franklin St. John

(a) County Franklin

(b) City or town Rural - Washington, Mo.

(c) Name of hospital or institution: Rural

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none

(Specify whether)

In this community 89 yrs.

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Rural - Washington, Mo.

(If outside city or town limits, write "RURAL")

(d) Street No. 4 1/2 mi S.E. Washington, Mo.

(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Mary Louise Holdmeyer

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John D. Holdmeyer

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

7. Birth date of deceased November 5th, 1851

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

89 7 21 hr. min.

9. Birthplace Franklin County Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Housewife

MOTHER FATHER

12. Name Joseph Droege

13. Birthplace Unknown Germany

(City, town, or county) (State or foreign country)

14. Maiden name Anna Marie Hasenkamp

15. Birthplace Unknown Germany

(City, town, or county) (State or foreign country)

16. (a) Informant Theo. Holdmeyer

(b) Address Washington Mo. R.F.

17. (a) Burial (b) Date thereof 6 - 28 - 41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Krakow, Missouri

18. (a) Signature of funeral director Alto Co. 270

(b) Address Washington, Mo.

19. (a) June 27-1941 (b) H.D. May

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26

year 1941 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from June 20

1941, to June 26, 1941;

that I last saw her alive on June 26, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to 42 W

Due to

Other conditions (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)

While at work? (e) Means of injury

23. Signature W.D. Poff (M. D. or other) MD

Address Washington, Mo. Date signed 6/27/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

600

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.....

none other

Registered Apprentice No. *none*

working under my personal supervision.

Signed

Henry W. Otto

Licensed Embalmer No.

3560

P. O. Address

Washington

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.