

FILED SEP 3 1941

Registration District No. 111

Primary Registration District No. 4462

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

1. PLACE OF DEATH:

(a) County... St. Francois
(b) City or town... Bismarck
(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 years, months or days)
In this community... 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... St. Francois
(c) City or town... Bismarck
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel Ira Holtzall

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

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

6. (b) Name of husband or wife... Anna Hedgall 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>7</u>	<u>16</u>	hr. min.

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

10. Usual occupation... Wood worker

11. Industry or business... Paper mill factory

12. Name George Holtzall

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

14. Maiden name Mary Holtzall

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

16. (a) Informant Mrs. Anna Holtzall

(b) Address Bismarck Mo

17. (a) Burial (b) Date thereof 8-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... McDonnell Cemetery

18. (a) Signature of funeral director... White & Hill

(b) Address Bismarck Mo

19. (a) 8/30/41 (b) W. H. Gale
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1941 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from 8-18 1941 to 8-23 1941
that I last saw him alive on 8-23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death... Curcunomia of the Stomach

Due to... General Debility

Other conditions (Include pregnancy within 3 months of death) 460
Major findings: Of operations Curcunomia of Stomach
Of autopsy no

Duration _____
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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature James W. Kouffner (M. D. or other) _____
Address Bismarck Mo Date signed 8-23-41

SEP 22 1941

SEP 29 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.....

C. Hill

Licensed Embalmer No. *1852*

P. O. Address. *Bismarck*

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.