

FILLED NOV 14 1941

Registration District No.

Primary Registration District No. 3006

Registrar's No. 299

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
White Convalescing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Rockport  
(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 Mrs. Martha Mary Holte

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

4. Sex F, 5. Color or race W.  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. - 16 - 1877  
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Unknown  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Canish  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Neonqui Holte  
(b) Address Rockport, Missouri  
17. (a) Burial (b) Date thereof 11-10-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Rockport Cem.

18. (a) Signature of funeral director A. O. Hellett  
(b) Address Columbia, Mo.  
19. (a) 11/10/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8  
year 1941 hour 10 minute 55 A.M.  
21. I hereby certify that I attended the deceased from 4-26-41  
to 11-8-41 1941  
that I last saw him alive on 11-7-41 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Adenocarcinoma  
Due to Do not know  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) None

Duration \_\_\_\_\_

Major findings of operations Carcinoma of uterus  
Of autopsy Missouri County  
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) No  
(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? No  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. D. Dyer (M. D. or other) \_\_\_\_\_  
Address Columbia, Mo. Date signed 11-8-41

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

REV 1 3 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

*Lyman H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address

*Columbia, Pa.*

**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.**