

FILED DEC 11 1941

Registration District No. 379

Primary Registration District No. 4223

Registrar's No.

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Glasgow
(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
In this community 3.5 yrs 8-27 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Glasgow 15
(If outside city or town limits, write "RURAL") 2
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th
year 1941 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from June 21, 1941, to Nov 27, 1941;
(that I last saw him alive on Nov 6th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Stomach Ulceration Duration ?
Diabetes

Due to Senility
Diabetes

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 61

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)
(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) (e) Means of injury

23. Signature W. Gardner (M. D. or other)
Address Glasgow Mo Date signed 11-27-41

3. (a) PRINT FULL NAME JOHN H. HOLTWICK

3. (b) If veteran, name war
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 Katharine Wefer Holtwick 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased SEPT 20 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 7 hr. min.

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

10. Usual occupation Farm

11. Industry or business

12. Name Henry Holtwick

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

14. Maiden name Caroline F. Light

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

16. (a) Informant Mr. Fred Holtwick

(b) Address Glasgow Mo.

17. (a) Burial (b) Date thereof Nov. 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow Mo.

18. (a) Signature of funeral director Walker Audsley

(b) Address Glasgow Mo.

19. (a) 11-27-41 (b) J. E. Gardner
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

340

RECEIVED

Health Officer No. 8,

DATE 12-9-41

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 *J. Walker Audsley*

Licensed Embalmer No. *3336*

P. O. Address *Glasgow Mo.*

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.