

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39071

State File No. _____

Registration District No. 669

Primary Registration District No. 4401

Registrar's No. 18

1. PLACE OF DEATH:

- (a) County Pettis
(b) City or town Smithton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1st Street South of Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2.3 years (Specify whether years, months or days)
In this community _____

3. (a) PRINT
FULL NAME

William Julius Holtzen

3. (b) If veteran,
name war _____

3. (c) Social Security

No. 495-01-0825

4. Sex male

5. Color or
race white

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

6. (b) Name of husband or wife Clara

6. (c) Age of husband or wife if
alive 56 years

7. Birth date of deceased

Dec

11

1882

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

58

11

10

hr.

min.

9. Birthplace

Mars, Pettis Co. Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Laborer at Smithton Clay Co

11. Industry or business

MOTHER FATHER

12. Name

Peter Holtzen

13. Birthplace

Germany

(City, town, or county)

(State or foreign country)

14. Maiden name

Adelheid Schmuckenberg

15. Birthplace

Germany

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Clara B. Holtzen

(b) Address

Smithton - Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

11-23-41

(Month)

(Day)

(Year)

(c) Place: burial or cremation

Smithton Cemetery

18. (a) Signature of funeral director

A. F. Neumeier

(b) Address

Smithton Mo

19. (a) 11-23-1941

(Date received local registrar)

(b)

Mrs. J. L. Monseel

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pettis
(c) City or town Smithton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1st Street South of Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 31
year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5 to 11-41, 1941
that I last saw him alive on 11-20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar Pneumonia

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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 _____

23. Signature

W. J. Holtzen MD (M. D. or other) _____
Address Smithton Mo Date signed 11/21

RECEIVED
Health Officer No. 8

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.....

A. F. Neimeyer

Licensed Embalmer No. *1369*

P. O. Address *Smithton 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, above space should be left blank.