

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 20 1942

Registration District No. 296

Primary Registration District No. 4180

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
801 Washington ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years years, months or days)

3. (a) PRINT FULL NAME Matilda Kathine Holman

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 14 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Union Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name Henry J. Holman

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

14. Maiden name Carlene Butcher

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Schiller

(b) Address Union Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 28 41
(Month) (Day) (Year)

(c) Place: burial or cremation Union Mo

18. (a) Signature of funeral director E. H. Otterson

(b) Address Union Mo

19. (a) 12-27-41 (Date received local registrar) (b) Louis Howard (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
(c) City or town Union 36
(If outside city or town limits write "RURAL")
(d) Street No. 801 north Washington 5
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th
year 1941 hour 3 minute 9 P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1941, to Dec 27, 1941,
that I last saw her alive on Dec 26, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to _____

Other conditions 939
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature L. M. Jenny (M. D. or other) J. S.

Address Union Mo Date signed 12-27-41

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

6
5
0

FEB 10 1942

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

E. F. Oltmann

Licensed Embalmer No.

1686

P. O. Address

Union 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.