

24988

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 11 1942

Registration District No. 668

Primary Registration District No. 5892

Registrar's No. 265

## 1. PLACE OF DEATH:

- (a) County Pettis  
 (b) City or town Smithton  
 (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

In this community 15 years  
years, months or days)3. (a) PRINT  
FULL NAMEJulia Cornelia Holhus

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

4. Sex Female 5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married  
race white /divorced maried

6. (b) Name of husband or wife Victor 6. (c) Age of husband or wife if  
Holhus alive 39 years

7. Birth date of deceased. Nov 1 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 8 31 hr. \_\_\_\_\_ min.

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

10. Usual occupation
- Housewife

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

12. Name
- Mrs. Smith

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

14. Maiden name
- Julia Pierce

15. Birthplace
- Smithton
- Mo
- 
- (City, town, or county) (State or foreign country)

16. (a) Informant
- Victor Holhus

- (b) Address
- Smithton

17. (a) Burial (b) Date thereof 7-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Smithton Cem

- (a) Signature of funeral director
- A. F. Neumeyer

- (b) Address
- Smithton

19. (a) 7-23-42 (b) Mrs. Anna Berger  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pettis  
 (c) City or town Smithton & Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1942 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 15 to July 22, 1942  
that I last saw her alive on July 22 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of colon and  
liver

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 462  
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 force)  
(b) Means of injury 0

23. Signature
- A. F. Neumeyer
- (M. D. or other) \_\_\_\_\_

Address Smithton Date signed 7/23/42

10022 (Licensed Embalmer's Statement on Reverse Side)

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

80  
0  
080  
0  
0

RECEIVED

District Health Officer No. 8, .

District File Number \_\_\_\_\_

Date Filed 8-7-42

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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 \_\_\_\_\_

Licensed Embalmer No. 3912

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.