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M—9-4-41
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 73 Primary Registration District No. ~~300~~ 5112 Registrar's No. 134

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

1. PLACE OF DEATH:

(a) County Boon

(b) City or town RURAL Columbia, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Boon Co Infirmary (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boon 10 0

(c) City or town RURAL Columbia Mo
(If outside city or town limits, write "RURAL")

(d) Street No. RURAL
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sophia Holtzfoerster

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife no

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

7. Birth date of deceased Sept (Month) (Day) 1876 (Year)

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace St Charles, Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Holtzfoerster
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant C. A. Cunningham
(b) Address Centralia Mo.

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

(c) Place: burial or cremation St Charles Mo

18. (a) Signature of funeral director Chas Arnold Jr
(b) Address Mexico, Mo.

19. (a) July 4-42 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1942 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from April 20, 1942, to July 4, 1942
that I last saw h N alive on June 23, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrage	14 days
Due to Arteriosclerosis	
Due to Pernicious anemia	12 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 8 3d
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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. ~~or other~~)
Address Columbia Mo Date signed 7-4-42

125 U (Licensed Embalmer's Statement on Reverse Side)

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 Everett R. Hizad

Licensed Embalmer No. 4038

P. O. Address: Mexico, 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.