

S. No. 2
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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33669

State File No. _____
Registrar's No. _____

Registration District No. 115 Primary Registration District No. 5783

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Union & Rural Washington, Mo.
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Rural Washington
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Carrie Hollmann

3. (b) If veteran, name war _____ (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 Sept. 11, 1901
(Month) (Day) (Year)

8. AGE: Years 41 Months -- Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Teacher

11. Industry or business _____

12. Name Richard J. Hollmann

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

14. Maiden name Minnie Dehn

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

16. (a) Informant Mrs. Minnie Hollmann

(b) Address Washington, Mo.

17. (a) Burial (b) Date thereof 9-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cemetery

18. (a) Signature of funeral director Wesley Howe

(b) Address Union, Mo.

19. (a) 9/19/42 (b) Wm. J. Perry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year 1942 hour 8 minute 30 a.m. M.

21. I hereby certify that I attended the deceased from Sept. 17, 1942
that I last saw him alive on Sept 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma Duration 1 yr.

Due to Carcinoma of left breast 8 yr.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 50
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? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm. J. Perry (M. D. or other) yes

Address Union Mo. Date signed 9-19-42

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.....

W. H. Stone

Licensed Embalmer No.....

3175

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, fact should be so stated above.