No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34132

State File No.

Registration District No. 173 Primary Registration District No. 4274 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Freeman Rural
(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 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette 54 0 0

(c) City or town Aullville Mo - Rural
(If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME FLORENCE HOLTCAMP

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 Married

6. (b) Name of husband ~~or wife~~ John E. Holtcamp

6. (c) Age of husband ~~or wife~~ if alive 76 years

7. Birth date of deceased May (Month) 24 (Day) 1889 (Year)

8. AGE: Years 53 Months 4 Days 11 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation Housework

11. Industry or business ✓

FATHER
12. Name Herman Weinberg
13. Birthplace New York (City, town, or county) N. Y. 1 (State or foreign country)

MOTHER
14. Maiden name Mary Westerhaus
15. Birthplace Lafayette Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Clifton Odell
(b) Address 412 - Blue Ridge Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-7-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Brandt Cemetery

18. (a) Signature of funeral director H. F. Dunning
(b) Address Concordia Mo

19. (a) Oct 6-1942 (Date received local registrar) (b) Mrs Walter Walkenhorst (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1942 hour 10 minute 10 A M.

21. I hereby certify that I attended the deceased from July 21, 1942 to Oct 5, 1942
that I last saw him alive on Oct 4, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Anasarca	2 years
Due to Chronic Valvular disease	many years
Chronic Nephritis	" "
Due to Diabetes Mellitus	5 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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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

23. Signature W B Koppenbrink (M. D. or other) MD
Address Higginsville Mo Date signed Oct 6-1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 9 1942
District Health Officer No. 8,
District File Number
Date 11-7-42

NOV 11 1942

NOV 17 19

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 N Roy Ewen

Licensed Embalmer No. 4305

P. O. Address Wellington 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.