V. S. No. 2
50M—5-42
Rev. 5-17-39
P1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 5248

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 708

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution: 538 South Jackson 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 538 S. Jackson
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

**3. (a) PRINT FULL NAME** Herman Holtcamp

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Minnie Holtcamp

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

7. Birth date of deceased March 1, 1851
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 91 92 | 11 | 7 | ..... hr. ..... min. |

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business --

FATHER
12. Name Herman Holtcamp
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Henry H. Holtcamp
(b) Address 538 South Jackson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12-43
(Month) (Day) (Year)
(c) Place: burial or cremation Evangelical Cemetery Concordia, Mo.

18. (a) Signature of funeral director Sheil Funeral Home
(b) Address 6606 Indep. Ave. K.C.Mo.

19. (a) 2-10-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 8
year 1943 hour 9 minute 45 P M.

21. I hereby certify that I attended the deceased from Crowe, 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Arteriosclerotic heart disease | |
| Due to 93 D | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy Inspection & history | |

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 [signature] 2/9/43 (M. D. or other)

Address [illegible] Date signed

(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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**