

ED MAR 11 1943

Registration District No. 115

Primary Registration District No. 5733

Registrar's No.

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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 Rural Union Township
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Louis J. Hollmann

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

4. Sex Male 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. 7, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 5 28 _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Wm. J. Hollmann

13. Birthplace Germany _____
(City, town, or county) (State or foreign country)

14. Maiden name Engle Weimann _____
(City, town, or county) (State or foreign country)

15. Birthplace Germany _____
(City, town, or county) (State or foreign country)

16. (a) Informant Edw. Kriege

(b) Address Burial Union, Mo.

17. (a) _____ (Burial, cremation, or removal) (b) -Date thereof 2/7-43
(Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cemetery

18. (a) Signature of funeral director Wm. J. Hollmann

(b) Address Union, Mo.

19. (a) 2/6/43 (Date received local registrar) (b) Conrad A. Rieger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1943 hour 5 minute 45P M.

21. I hereby certify that I attended the deceased from August 8th, 1942 to 2-5, 1943
that I last saw him alive on 2-4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 7 yrs.

Due to Arteriosclerosis 10 yrs

Due to Hypertension 10 yrs

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

Major findings: 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 B. S. Stedman (M. D. or other) M.D.
Address Union, Mo. Date signed 2-6-43

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: *Wm. H. Ham*.....

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.