

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 56

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

1. PLACE OF DEATH:

(a) County Audrain

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. Audrain County Hospital
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Calhoun Holtkamp

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th year 1943 hour 10A minute

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: April 10, 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 9-13 1943; that I last saw him alive on April 10 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity

Duration 7 months

8. AGE:	Years	Months	Days	If less than one day
<u>Baby</u>				<u>22</u> hr. --- min.

Due to 159

Due to

9. Birthplace Mexico, Missouri
(City, town, or county) (State or foreign country)

Other conditions Toxemia of Pregnancy
(Include pregnancy within 3 months of death)

10. Usual occupation Baby

Major findings: Induction of labor

11. Industry or business

12. Name Joseph Holtkamp

13. Birthplace Mexico, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace Vera Calhoun Ladonia, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Holtkamp

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 4/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director [Signature]

(b) Address Mexico, Missouri

19. (a) April 12, 1943 (b) Margaret H. Marsh
(Date received local registrar) (Registrar's signature)

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?

(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 Harry J. O'Brien (M. D. or other)

Address Mexico, Mo. Date signed 4-12-43

RECEIVED

District Health Officer No. 10

District File Number 5-435937

Date Filed MAY 21 1945

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 [Signature]

Licensed Embalmer No. 3569

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.