

OCT 25 1943

Registration District No. 128

Primary Registration District No. 5465

Registrar's No. 823

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Rural, S. Campbell Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: OZARK OSTEOPATHIC HOSP. 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 DAYS
 In this community 63 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County GREENE
 (c) City or town SPRINGFIELD Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1305 W. HIGH
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WM WALTER HOLTMAN
 3. (b) If veteran, name war NO
 3. (c) Social Security No. 491-03-0855

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month OCT day 5 year 1943 hour 4 minute 35 A.
 21. I hereby certify that I attended the deceased from Sept 26-43 to Oct 5 1943
 that I last saw him alive on Oct 5, 1943 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife MATTIE LEE HOLTMAN 6. (c) Age of husband or wife if alive unk years
 7. Birth date of deceased FEB - 7 1880
 (Month) (Day) (Year)

Immediate cause of death Metastatic Glandular Carcinoma into Omentum Tissue
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations as above
 Of autopsy _____

8. AGE: Years 63 Months 7 Days 28
 If less than one day hr. _____ min. _____

9. Birthplace SPRINGFIELD MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business RESTAURANT OPERATOR

MOTHER FATHER
 { 12. Name GEORGE W. HOLTMAN
 { 13. Birthplace Union, Kentucky
 { 14. Maiden name MAIRIA CASTER BERRY
 { 15. Birthplace Union, Kentucky

16. (a) Informant MRS. FRED AYRES
 (b) Address SPRINGFIELD, MO

17. (a) BURIAL (b) Date thereof Oct. 7, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director J. H. LOHMEYER
 (b) Address SPRINGFIELD, MO

19. (a) 10-7-43 (b) J. W. Landry
 (Date received local registrar) (Registrar's signature)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 Where did injury occur? _____ (City or town) (County) (State)
 (c) 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 William J. ... (M.D. or other) _____
 Address Springfield, Mo. Date signed Oct 25 1943

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

APR 7 1955

MAY 29 1956

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 *L. Doolin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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.

X