

38806

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 13 1943

Registration District No. 257

Primary Registration District No. 3048

Registrar's No. 173

1. PLACE OF DEATH:

(a) County: Madaway  
(b) City or town: Manlyville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community: Most of life (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME: Joseph Henry Holker  
3. (b) If veteran, name war: No 3. (c) Social Security No.: None

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: W  
6. (b) Name of husband or wife: Margaret Allen Coleman Holker 6. (c) Age of husband or wife if deceased: 43 years  
7. Birth date of deceased: April - 28 - 1875  
(Month) (Day) (Year)

8. AGE: Years: 67 Months: 6 Days: 10 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Farmer

11. Industry or business: \_\_\_\_\_

12. Name: Henry Holker

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

14. Maiden name: Mahilda Males

15. Birthplace: Unknown W. Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant: Wm A Holker

(b) Address: 24 W 79th St Mo

17. (a) Burial (b) Date thereof: 11-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hopkins Cemetery

18. (a) Signature of funeral director: Campbell Funeral Home  
(b) Address: 95 1/2 South Main Manlyville Mo

19. (a) Nov 16-43 (b) Amy Berber  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Madaway  
(c) City or town: Hopkins  
(If outside city or town limits, write "RURAL")  
(d) Street No.: "Rural" N.W.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 8th  
year: 1943 hour: 6 minute: 45 a.m.  
21. I hereby certify that I attended the deceased from May 1 43  
to Nov 8 43  
that I last saw him alive on Nov 7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of head of pancreas  
Due to: \_\_\_\_\_

Due to: \_\_\_\_\_  
Other conditions: Hb g  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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] (M. D. or other) [Signature]  
Address: Hopkins Date signed: 11/10/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1347

(Licensed Embalmer's Statement on Reverse Side)

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**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..... *William Campbell*.....  
Licensed Embalmer No. *2650*.....  
P. O. Address..... *Marquette MI*.....

**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.**