

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson,  
 (b) City or town Kansas City,  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5800 Kenwood  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no.  
 (Specify whether  
 In this community Since July, 1942,  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,  
 (c) City or town Kansas City,  
 (If outside city or town limits, write "RURAL")  
5800 Kenwood,  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country x

3. (a) PRINT FULL NAME George Guy Holderbaum  
 (b) If veteran, name war no.  
 (c) Social Security No. 513-05-7991

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th  
 year 1944 hour 5:45 minute 8 a. M.

4. Sex Male 5. Color or race white  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Flora Holderbaum  
 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased: April 18 1878  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1943 to March 5 1944  
 that I last saw him alive on March 5 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
65 10 1978 hr. min.

Immediate cause of death  
Cerebral hemorrhage  
 Due to General arteriosclerosis

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

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations ✓  
 Of autopsy ✓

10. Usual occupation Painter,  
 (Industry or business) X

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

11. Name Monroe Guy Holderbaum  
 (City, town, or county) (State or foreign country)  
 12. Maiden name Rachael Hubbe  
 (City, town, or county) (State or foreign country)

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

14. Informant Mrs. Flora Holderbaum  
 (b) Address 5800 Kenwood, Kansas city, Mo.

17. (a) Removal (b) Date thereof 3-6-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Ottawa, Kansas,

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) (b) Means of injury ○

18. (a) Signature of funeral director Stine & McClure,  
 (b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 3-6-44 (b) N. E. Brown  
 (Date received local registrar) (Registrar's signature)

23. Signature M. P. Betton (M. D. or other)  
 Address 1103 Grand R.C. Mo. Date signed 3-6-44

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

MOTHER FATHER  
 COMPLETED BY  
 4/2/44

Dr. Ketron

**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 John H. Hulley

Licensed Embalmer No. 1250

P. O. Address Kansas City, 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.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Mo.

State File No. ....

County of Jackson

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1051

On this 6 day of April, 1944, before me appears.....

Mrs. M. H. O'Keefe; who, upon her oath, states that the original record of <sup>birth</sup>~~death~~  
for George J. Faldertbaum, died March 6, 1948, in the State of  
Missouri, and which was filed at KC, Mo. on 3-6-44, should be corrected as follows:

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read Rachael ~~M~~ Nusbaum

Instead of maiden name Rachael Matabaum

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. M. H. O'Keefe Daughter  
Relationship.

5800 Fenwood, K.C. Mo.  
Present Address.

Subscribed and sworn to before me this 6 day of April, 1944.

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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