

FILED APR 7 1946

Registration District No. 1946

Primary Registration District No. 5434

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution:
St. Johns Hosp. /
(If not hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin

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

(d) Street No. Rural St. Johns Hosp
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ROMAN HENRY HOLTMEIER

3. (b) If veteran, name war no.

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased Sept. 28, 1898
(Month) (Day) (Year)

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

45 5 24 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John A. Holtmeier

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

14. Maiden name Elizabeth Wandug

15. Birthplace Krakow Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Florenz Holtmeier

(b) Address Krakow Mo.

17. (a) Burial (b) Date thereof 3/25-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Krakow Mo.

18. (a) Signature of funeral director Attcher

(b) Address Washington Mo

19. (a) 3/22/44 (b) Lucile Racker Brook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 22
year 1944 hour 3:55 minute A M.

21. I hereby certify that I attended the deceased from Jan 28, 1944, to March 22, 1944
that I last saw him alive on Mar. 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chr.

Due to Hypertension, malignant

Due to _____

Other conditions (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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Frank S. Mays (M. D. or other) M.D.

Address 311 W. 4th, Washington, Mo Date signed 3-22-44

Duration

3 years

5 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

930

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

36
0
0

1187

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed: 4-5-44

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 _____

Licensed Embalmer No. 2464

P. O. Address Washington MD

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.