S. No. 2
—11-10-39
5-17-39
I X21492

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

660

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 1 1944

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 24608

Registration District No. 11V

Primary Registration District No. 5428

Registrar's No. 77

**1. PLACE OF DEATH:**

(a) County: Franklin

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

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

(d) Length of stay: In hospital or institution ____ (Specify whether In this community 44 Years. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Franklin

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

(d) Street No. ____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: John Holderrieth

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: Married

6. (b) Name of husband or wife: Nellie Holderrieth

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: March 29, 1862 (Month) (Day) (Year)

8. AGE: Years 82 | Months 2 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis, Co. Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: Farming

FATHER
12. Name: Holderrieth
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Nellie Holderrieth
(b) Address: Sullivan, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Cave Spring Cemetery

18. (a) Signature of funeral director: Thos. Thoma
(b) Address: Sullivan, Missouri.

19. (a) June 10-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 9th year 1944 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1-15, 1944, to 5-29, 1944; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Uremia | 2 Months |
| Due to: Chronic Nephritis | 1 year |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): 131 P | |
| Major findings: Of operations: | |
| Of autopsy: | |

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

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: R. R. Garner (M. D. or other) D.O.
Address: Sullivan, Mo. Date signed 6/10/44

1131

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-20-44

**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 Edgar U. Lafleur

Licensed Embalmer No. 3394

P. O. Address Sullivan, Me.

**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, above space should be left blank.**