

24784

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 8 1944

Registration District No. 139

Primary Registration District No. 5534

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Forest City-Rural Forest Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 21 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Forest City-Rural Forest Twp
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Henry Kollmer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Anna Kollmer 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: April 18 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Phillip John Kollmer

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

14. Maiden name Frona Millhaught

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

16. (a) Informant Mrs. Bertha Kollmer

(b) Address Forest City, Mo.

17. (a) Burial (b) Date thereof July 31 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H Pettigah

(b) Address Oregon Mo.

19. (a) 7-31-44 (b) Pauline Larson
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1944 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 22 1944 to July 28 1944;
that I last saw him alive on July 26 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver
Duration about 1 year

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none made
Of autopsy none made

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? no injury
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature C. F. Kearney (M. D. or other) _____
Address Oregon Mo. Date signed 8-1-44

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

4409

NOV 18 1952

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 James H. Pettigrew

Licensed Embalmer No. 3192

P.O. Address Oregon 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.