

FILED DEC 13 1944

Registration District No. **2**

Primary Registration District No. **5849**

Registrar's No. **77**

1. PLACE OF DEATH:
(a) County **Madison**
(b) City or town **Rural**
(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)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community **1**
years, months or days)

3. (a) PRINT FULL NAME **MARY HOLTMAN**
3. (b) If veteran, **no** name war. 3. (c) Social Security No. **no**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married **divorced**
6. (b) Name of husband or wife **John** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **1-31-1876**
(Month) (Day) (Year)

8. AGE: Years **69** Months **10** Days **11** If less than one day hr. min.

9. Birthplace **Pittsburg MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Farming**

12. Name **Heggie Melzer**

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

14. Maiden name **Esther Starn**

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

16. (a) Informant **John Holzman**

(b) Address **Albion MO**

17. (a) **Burial** (b) Date thereof **11-17-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Conception**

18. (a) Signature of funeral director **Conception**

(b) Address **Conception**

19. (a) **11-16-44** (b) **11-16-44**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Madison**
(c) City or town **Conception MO**
(If outside city or town limits, write "RURAL")
(d) Street No. **114 1/2 East**
(If rural, give location) **Bozart**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **Rural**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **12** ch
year **1944** hour **11** minute **9** M.
21. I hereby certify that I attended the deceased from **Aug 15**
1944 to **Nov 12** 1944
that I last saw him alive on **Nov 11** 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **Metastatic Carcinoma**
Lung & Throat
Due to **45+**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations:
Of autopsy:
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **R. J. Melzer** (M. D. or other)
Address **Slaberry** Date signed **11-12-44**

293 (Licensed Embalmer's Statement on Reverse Side)

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

APR 12 1981

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: Latoy H. Phillips

Licensed Embalmer No. 1898

P. O. Address: Latoy H. Phillips 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.