

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

**FILED** APR 6 1946  
Registration District No. **116**

Primary Registration District No. **3020**

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

1. PLACE OF DEATH:

(a) County **Franklin**  
(b) City or town **Washington**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**8th & Hill Sts. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None** (Specify whether years, months or days)  
In this community **11 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin** **36**  
(c) City or town **Washington** **6**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **8th & Hill Sts.** **0 2**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **X**

3. (a) PRINT FULL NAME **John George Holtmeyer.**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Sophia Mary Holtmeyer.** 6. (c) Age of husband **66** years  
7. Birth date of deceased **August 25th, 1875**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>70</b>	<b>6</b>	<b>17</b>	hr. min.

9. Birthplace **Port Hudson, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming.**

11. Industry or business **X**

MOTHER FATHER

12. Name **William Holtmeyer.**  
13. Birthplace **Unknown, Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Hoels.**  
15. Birthplace **Unknown, Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sophia Holtmeyer**  
(b) Address **8th & Hill Sts. Washington, Mo.**

17. (a) **Burial** (b) Date thereof **Mar. 15, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Part Hudson, Mo. New Haven, Mo.**

18. (a) Signature of funeral director **Wieland Witt, Inc.**

(b) Address **Washington, Mo.**

19. (a) **3/14/46** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12th**,  
year **1946** hour **11:00** minute **05A.M.**

21. I hereby certify that I attended the deceased from **Dec 9, 1945**  
19 **46** to **Mar 12**, 19 **46**  
that I last saw him alive on **Mar 11**, 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Central**  
**hemorrhage**  
Due to **arterio-sclerosis**

Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **83a**  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **2110**

23. Signature **[Signature]** (M. D. or other) **2110**  
Address **Washington, Mo.** Date signed **3/13/46**

09

Dr. Muelch

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-5-46

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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 Lester H. Pitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.**