No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1946

State File No. 23297

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 578

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: O'Reilly General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr, 2 mos, 24 da. In this community 1 yr., 2 mos., 24 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State South Dakota (b) County Dewey

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

(d) Street No. Box 95
(If rural, give location)

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

If yes, name country - -

3. (a) PRINT FULL NAME RUEBEN HOLZWORTH

3. (b) If veteran, name war WORLD WAR II

3. (c) Social Security No. Unknown

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 XX years

7. Birth date of deceased June (Month) 3, (Day) 1922 (Year)

8. AGE: Years 24 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Firesteel (City, town, or county) South Dakota (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Farm

MOTHER FATHER

12. Name Henry Holzworth

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

14. Maiden name Christine Schleckt

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

16. (a) Informant Mrs Emma Holzworth

(b) Address Bakersfield Calif

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 9, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Selby, So. Dakota

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME

(b) Address 534 St. Louis St. Springfield, Mo

19. (a) 7-9-46 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1946 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from 20 February 1946 to 8 July 1946 that I last saw him alive on 7 July 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningitis, metastatic, severe; due to Subphrenic abscess, left,	1 wk.
Due to Traumatic rupture, ureter, left, due to Wound, perforating, sacral area, left, severe, incurred in action, 9 Nov 44, Italy.	3 wks. 20 mos. 20 mos.
Other conditions (Include pregnancy within 3 months of death) Colostomy; ureterocutaneous fistula (operative); renal calculus, right; Pericarditis, metastatic, moderate.	
Major findings: Of operations Rupture of bladder; rupture of left ureter; perforation of bowel; calculi, kidney, bilateral. Of autopsy Confirmation of above diagnoses.	

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) Battle casualty.

(b) Date of occurrence 9 November 1944

(c) Where did injury occur? near Frassineto, Italy. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on battlefield

While at work? battle (Specify type of place) (e) Means of injury Shell fragments.

23. Signature Alfred Lohmeyer M.D. (M. D. or other) M.C.

Address O'Reilly GH, Springfield, Mo. Date signed 7/8/46

(Licensed Embalmer's Statement on Reverse Side)

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. 3044

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.