

FILED AUG 27 1946

Registration District No. 7

Primary Registration District No. 3016

Registrar's No. 192

1. PLACE OF DEATH:

(a) County COLE
(b) City or town JEFFERSON CITY, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether
In this community 90 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE
(c) City or town JEFFERSON CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1315 W. HIGH STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH HOLSINGER

3. (b) If veteran, name war NONE 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 DOROTHY HOLSINGER 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased JAN 20 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>6</u>	<u>26</u>	hr. min.

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

10. Usual occupation FOOTBALL COACH

11. Industry or business MICHIGAN STATE COLLEGE

MOTHER FATHER {
12. Name JOHN HOLSINGER
13. Birthplace AUSTRIA
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH GREINER
15. Birthplace AUSTRIA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. JOSEPH HOLSINGER
(b) Address JEFFERSON CITY, MISSOURI

17. (a) BURIAL (b) Date thereof 8/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COLUMBIA, MISSOURI

18. (a) Signature of funeral director Sylvester Diller
(b) Address JEFFERSON CITY, MISSOURI

19. (a) 8-17-46 (b) R. P. Davis
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 16
year 1946 hour 3 minute 45 AM

21. I hereby certify that I attended the deceased from July 30 1946 to August 15 1946
that I last saw him on August 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Neuroblastoma of brain.

Duration

12 mo's

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 54%
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?

While at work? (Specify type of place) (c) Means of injury
23. Signature John W. Honeysuckle
Address Jefferson City, Mo. Date signed 8/17/46

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

14-16

20-200

Date Filed 8-24-46
District File Number 8-46-200
District Health Officer No. 9

RECEIVED

SEP 29 1946

SEP 11 1946

SEP 10 1946

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 Sylvester Rulle
Licensed Embalmer No. 4321
P. O. Address Jefferson City, 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.