

Registration District No. **47** Primary Registration District No. **3008**

1. PLACE OF DEATH:
(a) County **Callaway**
(b) City or town **Fulton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hospital 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 m 23 d**
(Specify whether years, months or days) **same**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Carroll**
(c) City or town **Carrollton**
(If outside city or town limits, write "RURAL")
(d) Street No. **1**
(If rural, give location) **2**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **JACOB KOLTER**
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **m** 5. Color or race **w**
6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife **Malinda Kolter**
6. (c) Age of husband or wife if alive **dk** years
7. Birth date of deceased **Dec 23 1867**
(Month) (Day) (Year)

8. AGE: Years **78** Months **11** Days **13**
If less than one day hr. min.

9. Birthplace: **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation: **farmer**

11. Industry or business: **farming**

12. Name: **Phillip Kolter**

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

14. Maiden name: **dk**

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

16. (a) Informant: **Hospital Records**
(b) Address: **Fulton Mo**

17. (a) Burial: (b) Date thereof: **Dec 9 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Carrollton, Mo**

18. (a) Signature of funeral director: **Glen Y. Mansin**

(b) Address: **712 Court Fulton Mo**

19. (a) 12-9-1946 (b) **Jesse Morawick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **6**
year **1946** hour **7** minute **55 P. M.**
21. I hereby certify that I attended the deceased from Dec 1-1946
to **Dec 6 1946**
and that death occurred on **Dec 6 1946**
at the date and hour stated above.

Immediate cause of death: **Bilateral hyaline and bronchial pneumonia**
Due to: _____
Due to: _____

Other conditions: **Coronary atherosclerosis and generalized Venous Congest**
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____

Of autopsy: **107**

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?

(Specify type of place) _____
23. Signature: **Waldwell** (M. D. or other) **Mo**
Address: **Fulton Mo** Date signed: **12/6/46**

Duration **6 days**
Underline the cause to which death should be charged statistically.

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

1/2

38617

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-17-46

DEC 20 1946

VACATED

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 *Glen J. Maupin*
Licensed Embalmer No. *2725*
P. O. Address *Fulton, 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.