

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 15 1947

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

10246

State File No.

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Fettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bothwell
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. Since May 13th 46
 (Specify whether
 In this community 10 Months;
 years, months or days)

3. (a) PRINT FULL NAME Miss MARIA Holtzen3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... April 22nd 1873
(Month) (Day) (Year)8. AGE: 73 Years 10 Months 25 Days If less than one day
hr. min.9. Birthplace Benton County No
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business.....

12. Name Cord Holtzen
13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Katherine Schmackenber
15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Rudolph Holtzen
(b) Address Cole Camp No17. (a) Burial (b) Date thereof Mar 21, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Holy Cross18. (a) Signature of funeral director. E. L. Dickhoff(b) Address Cole Camp No19. (a) 3-21-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
 (c) City or town Cole Camp Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5 Miles East
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1947 hour 9¹⁵ minute P M.21. I hereby certify that I attended the deceased from
MAY 15 1946 to MARCH 17 47
that I last saw her alive on MARCH 17 1947
and that death occurred on the date and hour stated above.Immediate cause of death.....
CARCINOMA of BREAST 2yrs

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations NO OPERATION

Of autopsy.....

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 D. L. Walter (M. D. or other) MDAddress Sedalia, Mo Date signed 3-18-47

201 (Licensed Embalmer's Statement on Reverse Side)

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-14-47

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.