

S. No. 2
 DM-5-43
 v. 5-17-39
 X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAY 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16938**
 Registrar's No. **6**

Registration District No. **80** Primary Registration District No. **5307**

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

1. PLACE OF DEATH:
 (a) County Cole - Mareau Twp.
 (b) City or town Rural Zion
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 89 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cole
 (c) City or town Rural Zion
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Adam Holzbierlein
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 6 1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 5
 year 1947 hour 12 minute 40 a. M.
 21. I hereby certify that I attended the deceased from April 28 1947 to May 5 1947
 that I last saw him alive on April 28 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____
Chronic Nephritis
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

8. AGE: Years 89 Months 6 Days 29
 If less than one day _____ hr. _____ min.

9. Birthplace Cole County, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Self
12. Name Andrew Holzbierlein
13. Birthplace Ukranian
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Wasyant
15. Birthplace Ukranian
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Geo. Rockelman
(b) Address Zion, Mo. Cole County
17. (a) Burial (Burial, cremation, or removal) Johnston Cemetery
(b) Date thereof 5-7-47
(Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director Johnnie Sevier
(b) Address 700 S. Jefferson
19. (a) May 8 (Date received by Registrar) Mrs. Minnie Kettermeyer
(Registrar's signature)

131B
 Signature Walter S. Leslie (M. D. or other)
 Address Russellville Date signed 5-8-47

(Licensed Embalmer's Statement on Reverse Side)

*Dr. Leslie
Russell, Mo*

Date Filed 5-15-47
District File Number _____
District Health Officer No. 9

RECEIVED

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 *J. W. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *gmo*

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.