S. No. 2
-12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11917

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 88

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City (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 Weeks (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Benton
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. RT 3 Cole Camp, Mo. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SOPHIA KATHERYN HOLSTEN
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec. (Month) 27 (Day) 1873 (Year)

8. AGE: Years 74 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Cole Camp, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Herman Kroenke
13. Birthplace Cole Camp (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Anna Bucholz
15. Birthplace Cole Camp (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Lillie Borchers
(b) Address Cole Camp Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Memorial Cemetery
18. (a) Signature of funeral director Harold Renz
(b) Address Cole Camp Mo.
19. (a) 4-10-1948 (Date received local registrar) (b) R. B. Darris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4/10 day 48 year 1948 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to 4/10, 1948 that I last saw her alive on 4/10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 wks.
Due to Cardiac decompensation	1 wk.
Due to Post abdomino-perineal rectal resection	
Other conditions Carcinoma of rectum (Include pregnancy within 3 months of death)	40 D

Major findings: Of operations Liver metastases
Of autopsy not permitted

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Everett P. Sugarbaker (M. D. or other)
Address Jefferson City Date signed 4/10/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 19 1948

MAR 31 1948

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 Harold Perry

Licensed Embalmer No. 4097

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.