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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 449

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16377

Registrar's No. 2219

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burial Creek & Remington 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Do NOT know years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5324 OLIVE 8
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME KARL W HOLTMAN

3. (b) If veteran, name war Do not know

3. (c) Social Security No. Do not know

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25 year 1948 hour 12 minute 20 P.M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife NORMA HOLTMAN

6. (c) Age of husband or wife if alive 35 years

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

7. Birth date of deceased: JUNE 26 1908
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>42</u>	<u>10</u>	<u>29</u>
				hr. min.

Immediate cause of death: Coronary sclerosis

Due to: Coronary sclerosis

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

10. Usual occupation: SALESMAN

Due to: _____

Other conditions (Include pregnancy within 3 months of death): _____

11. Industry or business

12. Name: Frank Holtman

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

14. Maiden name: Stella West

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

Major findings: 93.0

Of operations: _____

16. (a) Informant: NORMA HOLTMAN

(b) Address: 5324 OLIVE

17. (a) Burial (b) Date thereof: MAY 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: MARYVILLE MO

18. (a) Signature of funeral director: PASSANTINO BROS

(b) Address: 16 E. MO

19. (a) 5-27-48 (b) Theraldine Holman
(Date received local registrar) (Registrar's signature)

Of autopsy: no

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: _____

Signature: Jamie Elbert (M. D. or other) 3

Address: 1424 W. 11th Date signed: 5-26-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Francis Walton
Licensed Embalmer No. 2744
P. O. Address 12 C md

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.