

No. 2
-8-43
-17-39
X37823

State File No.

FILED JUN 26 1948

Registration District No. 259

Primary Registration District No. 3048

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: family home /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 86 years, 11 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville /
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ELIZA JANET BIRKENHOLZ

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Leander Birkenholz

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

7. Birth date of deceased July 10 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 3
If less than one day hr. _____ min. _____

9. Birthplace Maryville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Chas. S. Neal

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

14. Maiden name Sarah E. Hawkins

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

16. (a) Informant Mrs. Oscar Pugsley

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 6/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville, Missouri

19. (a) 6/19/48 (b) Bens Holtz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1948 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Mar 4 - 47 to June 13 - 48
(that I last saw him alive on June 13 - 48 and that death occurred on the 13 date and hour stated above.)

Immediate cause of death: Coronary Thrombosis 3 days
Chronic Myocarditis 4 yrs

Due to... 35

Other conditions: Congestive heart failure
(Include pregnancy within _____ months of death)

Major findings: no operations

Of autopsy: no autopsy

Duration 3 days

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? 0

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature L E Dean (M. D. or other MD)
Address Maryville Mo Date signed 6/15/48

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

DISTRICT HEALTH OFFICE
STATEMENT BY LICENSED EMBALMER
Cameron, Mo.

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville 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.