No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1948

Registration District No. 172

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4273

State File No. 30254

Registrar's No. 67

1. PLACE OF DEATH:
(a) County: LAFAYETTE
(b) City or town: CONCORDIA RURAL
(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 years, months or days)
In this community: 46 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: LAFAYETTE
(c) City or town: RURAL 3 MI WEST
(If outside city or town limits, write "RURAL")
(d) Street No.: OF CONCORDIA, MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: KATHRINE HOLTCAMP
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: JAMES HOLTCAMP
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: MARCH (Month) 17 (Day) 1875 (Year)

8. AGE: Years 73 | Months 6 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace: GERMANY (City, town, or county) 4 (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business:
MOTHER FATHER
12. Name: FRED WAGNREY 4
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)
14. Maiden name: ANNIE HOLSTEN
15. Birthplace: GERMANY (City, town, or county) 4 (State or foreign country)
16. (a) Informant: CHANLEY HOLTCAMP
(b) Address: CONCORDIA MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: OCT 6 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: ST. PAULS CEMETERY
18. (a) Signature of funeral director: E. S. JAMES
(b) Address: CONCORDIA, MO
19. (a) OCT 9 - 1948 (Date received local registrar) (b) Clayton N. Landrum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 4 year 1948 hour 4 minute 55 A.M.
21. I hereby certify that I attended the deceased from June, 19 48 to 4 OCT, 19 48
that I last saw her alive on 3 OCT, 19 48
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 hr.
Due to: Coronary atherosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic valvula heart disease, rheumatic	

Major findings:
Of operations: 0
Of autopsy: 0

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

23. Signature: H. H. Brady (M. D. or other) M.D.
Address: Concordia, Mo Date signed 10/7/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 10-14-48

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 Me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.