

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36114

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 20 1948

State File No. _____

Registration District No. 175

Primary Registration District No. 5433

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Villa Ridge "Rural" "Union"
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: R.F.D. #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community 66 yrs.
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
Villa Ridge, "Rural"
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. #1
 (If rural, give location)
 (e) Citizen of foreign country? No.
 If yes, name country X

3. (a) PRINT FULL NAME Josephine Mary Ley.
 3. (b) If veteran, name war X
 3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th,
 year 1948 hour 2:00 minute 15 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband deceased if alive years
 7. Birth date of deceased March 23rd, 1882
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
20 June, 1948 to 8 Nov, 1948
 that I last saw her alive on 8 Nov 48
 and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 7 Days 15
 If less than one day hr. _____ min. _____

Immediate cause of death
Chronic congestive heart failure 3yrs.
 Due to Arterio-sclerotic cardio-vascular-renal disease

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

Due to _____
 Other conditions none
 (Include pregnancy within 3 months of death)

10. Usual occupation Housework

11. Industry or business X

MOTHER, FATHER
 { **12. Name** Henry Holdmeier
 { **13. Birthplace** Villa Ridge, Missouri
 { **14. Maiden name** Gertrude Lenau
 { **15. Birthplace** Union, Missouri

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: none
 Of operations none
 Of autopsy none

16. (a) Informant Lawrence J. Ley
(b) Address Villa Ridge, Mo.

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)

17. (a) Burial (b) Date thereof Nov. 11, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Villa Ridge, Mo. R.F.D. Gildehaus

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

 (Specify type of place) (e) Means of injury 0

18. (a) Signature of funeral director Melburg & Orth, Inc.
(b) Address Washington, Mo.
19. (a) 11/10-48 (b) F.T. Cooper
 (Date received local registrar) (Registrar's signature)

23. Signature Raymond J. Rizzo M.D. (M. D. or other) M.D.
Address Washington, Mo. **Date signed** 9 Nov 48

(Licensed Embalmer's Statement on Reverse Side)

VED
Health Officer No. _____
The Number NOV 19 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 *Lester A. Pitt*

Licensed Embalmer No. *3354*

P. O. Address *Washington, D.C.*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. WEE

Registration District No. 115

Primary Registration District No. 5433

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town 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 _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Josephine M. Ley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: month _____ year 1948 hour _____ minute _____ M.

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased March 23 1908
(Month) (Day) (Year)

Immediate cause of death _____

Duration _____

8. AGE: Years 66 Months _____ Days _____ (Unless than one day) _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) mo

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

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 _____

19. (a) 7/10/10-1948 (b) D.T. Cooper
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-36114