

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph's Hospital
(d) Length of stay: In hospital or institution 1 week
In this community 40 years.

3. (a) PRINT FULL NAME Frank William Holtman
3. (b) If veteran, name war None
3. (c) Social Security No. 488-14-1303

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth B. Holtman
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased May 31 1891

8. AGE: Years 57 Months 6 Days 23
If less than one day hr. min.

9. Birthplace Quincy Illinois

10. Usual occupation Commission man

11. Industry or business Midwest Live Stock Commission

12. Name John W. Holtman
13. Birthplace Quincy Illinois
14. Maiden name Dora Charlotte Fleer
15. Birthplace Unknown Illinois

16. (a) Informant Ruth B. Holtman
(b) Address 4010 Terrace Ave., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Dec. 27, 1948
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Neierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 12-30-48 (b) E. B. Jenkins

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 4010 Terrace Ave.
(e) Citizen of foreign country? No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 24th
year 1948 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec 17 1948 to Dec 24 1948
that I last saw him alive on Dec 24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Injuries from Automobile accident
Fracture of Five ribs
Due to Rt. Ilium Rt. Tibia
Due to Stomach
Multiple ruptures of liver
Multiple contusions
Other conditions
Co. Bronched pneumonia
Major findings: Of operations none
Of autopsy: none

Underline the cause to which death should be charged statistically.
make - same as above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 12-17-48
(c) Where did injury occur Doniphan Co. Kansas
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State highway 36
Automobile highway
23. Signature E. B. Jenkins
Address St. Joseph, Mo. Date signed 12-26-48

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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..... *Albert C. Harrington*
Licensed Embalmer No. *3258* Missouri.....
P. O. Address..... *St. Joseph, 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.