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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42307

State File No.

Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Piedmont
(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 Missouri (b) County Carter

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Theodore Wilmer Holderbaum

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Ruth Mae Holderbaum

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased November (Month) 28 (Day) 1948 (Year)

8. AGE:

Years	Months	Days	If less than one day
41	11	21	hr. min.

9. Birthplace Home Co. (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name George L. Holderbaum
13. Birthplace Bedford (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Daisy Middaugh
15. Birthplace Millerburgh (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs Daisy Holderbaum
(b) Address Millerburgh, Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation White Mill Cem.

18. (a) Signature of funeral director
(b) Address Piedmont, Missouri

19. (a) 1-4-1949 (Date received local registrar) (b) Susie E. Piles (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month November day 19
year 1948 hour minute 12:00 M.

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

Immediate cause of death Internal Hemorrhage

Due to Gun shot wound

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 184
Of autopsy None 15

Duration

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) accident D17

(b) Date of occurrence Nov 19 1948

(c) Where did injury occur? Ellsinore (City or town) Carter (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
(Specify type of place)
While at work? No (e) Means of injury

23. Signature G. S. Maulsel (M. D. or other)
Address Greenville Mo Date signed 11/24/48

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1949

DEC 9 1949

DEC 9 1949

RECEIVED

Health Officer No. Y

File Number 149-75

Date Filed 1-11-49

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

Coder Funeral Home, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 3723

P. O. Address Piedmont, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.