

State File No. _____

Registration District No. 473Primary Registration District No. 5637

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Lawrence
 (b) City or town Freislat township
 (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
- 2

(Specify whether

In this community
years, months or days)3. (a) PRINT FULL NAME HENRY HOLLE 400

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Caroline Holl 6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased 4 14 1852
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
86 10 23 hr. min.9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation retired farmer

11. Industry or business _____

12. Name Wilhelm Holl 613. Birthplace Wetzlar Germany
(City, town, or county) (State or foreign country)14. Maiden name Wilhelmine Wolf15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. John Holl(b) Address Freislat Ma17. (a) Burial (b) Date thereof 3 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) March 9 1940 (b) Howard Kallender
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lawrence(c) City or town Freislat
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)(e) If foreign born, how long in U. S. A. 73 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1940 hour 7 minute 10 M.21. I hereby certify that I attended the deceased from Jan 10 34
_____, 1934, to March 7, 1940that I last saw him alive on March 7, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Chronic nephritis Duration 14 1/2

Due to _____

Due to _____

Other conditions Influenza 3-3-40
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

830
While at work? _____ (Specify type of place) Means of injury _____23. Signature R A Holmes (M. D. or other) _____Address W. V. Emerson Dr Date signed 2-7-50

RECEIVED

District Health Officer No. 6,

District File Number 440-1079

Date Filed APR 1 1940

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 Robert L. Marsh

Licensed Embalmer No. 3812

P. O. Address From 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, above space should be left blank.