

FILED APR 2 6 1942

Registration District No. 678

Primary Registration District No. 5906

Registrar's No.

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town St. James (Rural)
(c) Name of hospital or institution: Meramec & 1
(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)

3. (a) PRINT FULL NAME Michael L Holpe
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 single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased (Month) (Day) (Year)

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

9. Birthplace Phelps Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jacob L Holpe

18. Birthplace Phelps Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Parsetta Pryor

15. Birthplace Phelps Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Evert Holpe

(b) Address St. James Mo

17. (a) Barial (b) Date thereof 3-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adams

18. (a) Signature of funeral director W. B. Beckler

(b) Address St. James Mo

19. (a) 3/26/42 (b) Thayer Dickson
(Date received local registrar) (Registrar's signature) 1091

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Phelps
(c) City or town Rural
(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.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 10
year 1942 hour 8:30 minute 0 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 _____
Due to Suicide by hanging with rope
Due to ill health
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Broken neck
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury Phelps Co
23. Signature R. S. Hull (M.D. or other)
Address Rural Mo Date signed 3/10/42

Duration
Physician
Underline the cause to which death should be charged statistically.

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

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.....

Thomas S. Halber....., Registered Apprentice No. *288*
working under my personal supervision.

Signed *Carol E. Blair*.....

Licensed Embalmer No. *3940*

P. O. Address *St James*

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.

Registration District No. 678

Primary Registration District No. 5906

Registrar's No. _____

1. PLACE OF DEATH:

(a) County P. Phelps

(b) City or town Rehob

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(If not in hospital or institution, write street number or location)

In this community _____ years, months or days (Specify whether)

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 Michael L. Walz

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 s

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

7. Birth date of deceased _____
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

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)

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 _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____; that I was satisfied he was alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Duration _____

Immediate cause of death _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

broken. (from all indications) _____

Underline the cause to which death should be charged statistically.

Of autopsy 164a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence May 10-1942

(c) Where did injury occur? in Barn at Home
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury hanging

23. Signature R. J. Null (M.D. or other) _____
Address May 2 1942 Date signed _____

SUPPLEMENTARY

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

11635