

FILED APR 10 1946

Registration District No. 167

Primary Registration District No. 5609

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Rural, Rose Hill twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route #1, Holden, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community 43 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rose Hill Township  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country XXXX

3. (a) PRINT MAGGIE HOLSTINE PETERS  
FULL NAME

3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
6. (c) Age of husband or wife if alive dec'd years  
7. Birth date of deceased September 9, 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 6 14 hr. \_\_\_\_\_ min.

9. Birthplace Pekin, Illinois  
(City, town, or county) (State or foreign county)

10. Usual occupation house wife

11. Industry or business same

12. Name George Holstine

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

14. Maiden name unknown

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

16. (a) Informant Henry Peters

(b) Address Route #1, Holden, Mo.

17. (a) Burial (b) Date thereof March 25, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Missouri

18. (a) Signature of funeral director Canada and Ropp

(b) Address Holden, Missouri

19. (a) 4-1-46 (b) Mrs H V Redford  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1946 hour 7 minute A M.

21. I hereby certify that I attended the deceased from August 3, 1940 to March 23, 1946  
that I last saw her alive on March 22, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Gen Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 93d

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 \_\_\_\_\_

23. Signature Kelly Rawlins (M. D. or other)  
Address Holden Mo Date signed 3/24/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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..... *W. L. Canaday* .....

Licensed Embalmer No..... *5936* .....

P. O. Address..... *Holden, Mass.* .....

**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.**