

FILED JUL 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. **19119**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **786**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 186 days		d. STREET ADDRESS (If rural, give location) 3237 Jackson	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) **Walter** b. (Middle) **Hampton** c. (Last) **Hollenback**

4. DATE OF DEATH (Month) (Day) (Year) **June 29, 1950**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Dec. 28, 1862** 9. AGE (In years last birthday) **87** IF UNDER 1 YEAR (Months) **6** IF UNDER 2 HRS. (Hours) **1**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Tool Maintainer**

10b. KIND OF BUSINESS OR INDUSTRY **C. B. & O. Railroad**

11. BIRTHPLACE (State or foreign country) **Pittsburgh, Penna.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Hollenback** 13b. MOTHER'S MAIDEN NAME **Amelia Clemens** 14. NAME OF HUSBAND OR WIFE **Eva May Hollenback**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Eva May Hollenback** ADDRESS **St. Joseph, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Fracture left hip.**

ANTECEDENT CAUSES (b) **De Quervain's**

(c) **Myo Carditis Chr. - Scleroly.**

II. OTHER SIGNIFICANT CONDITIONS (a) **De Quervain's**

(b) **Myo Carditis Chr. - Scleroly.**

INTERVAL BETWEEN ONSET AND DEATH **126 Hrs.**

29030

21

1750

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **131** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Joseph Buchanan Mo.**

21d. TIME OF INJURY (Month) (Day) (Year), (Hour) **12 6 49 109. m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Fell on floor**

22. I hereby certify that I attended the deceased from **1946**, 1949, to **6/29**, 1950, that I last saw the deceased alive on **6/28**, 1950, and that death occurred at **9:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Frank W. ...** (Degree or title) 23b. ADDRESS **670 Francis St.** 23c. DATE SIGNED **6/29/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7/1/50** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park** 24d. LOCATION (City, town, or county) (State) **St. Joseph, Mo.**

DATE REC'D BY LOCAL REG. **July 6, 1950** REGISTRAR'S SIGNATURE **H. K. Jenkins** 3825 FUNERAL DIRECTOR'S SIGNATURE **Walter Bowman General** ADDRESS **St. Joseph, Mo.**

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

III 28 1957

DEC 17 1952

Ch. J. F. Hartigan

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.....
..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *W. E. Edmister*.....

Licensed Embalmer No. *4791*

P. O. Address *31950 10th St. S.W.*

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.