

FILED NOV 8 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34210

State File No. _____

Registration District No. 224

Primary Registration District No. 5796

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Rural - Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 HENRY CARL HOELLERING

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Matilda Hoellering 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 8-8-1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name George Hoellering

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

14. Maiden name Katherine Huber

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

16. (a) Informant Ferman Hoellering

(b) Address California Mo.

17. (a) Burial (b) Date thereof Nov 3 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moniteau Evangelical

18. (a) Signature of funeral director Hugh E. Williams

(b) Address California Mo.

19. (a) 11-2-46 (b) H. R. Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 7- mi. n. of California
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1946 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from May 2
1946 to Oct 15 1946
that I last saw him alive on Oct 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 144A

Of autopsy _____

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) _____

(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 2

23. Signature D. J. Bacon (M. D. or other) MD

Address California Mo. Date signed 11/1/46

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 11-7-46

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 Hugh E. Williams
Licensed Embalmer No. 3537
P. O. Address California 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, fact should be so stated above.