

FILED MAY 11 1944

Registration District No. 4

Primary Registration District No. 30465796

State File No.

Registrar's No. 175

1. PLACE OF DEATH:

- (a) County Monteau
(b) City or town Walker Rural
(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 all his life (Specify whether
In this community all his life years, months or days)

3. (a) PRINT FULL NAME Albert Holzer

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Malinda Holzer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 26 Apr 1871 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

- MOTHER FATHER { 12. Name Mrs Holzer 5
13. Birthplace Switzerland (City, town or county) (State or foreign country)
14. Maiden name Maria Enck (City, town or county) (State or foreign country)
15. Birthplace Switzerland (City, town or county) (State or foreign country)

16. (a) Informant Mrs Carl Johnson

- (b) Address California Mo

17. (a) Burial (b) Date thereof 5-5-44 (Month) (Day) (Year)

- (c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director Hallauer & Freedmeyer

- (b) Address California Mo

19. (a) 5-4-44 (b) R. J. Allen (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1944 hour 5 minute 4 M.

21. I hereby certify that I attended the deceased from death
when first seen 19____;
that I last saw him _____ live on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Suicide - shotDue to self in head with
.38 revolver

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

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

- (b) Date of occurrence May 4, 1944

- (c) Where did injury occur? Monteau Mo (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at his home - 3 mi north California Mo

While at work? _____ (Specify type of place)

- (e) Means of injury Revolver
knife (M. D. or other)

23. Signature 3 (M. D. or other)

Address Kanyon Latham Date signed 5-4-44

JUL 27 1944

JAN 12 1955

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-10-44

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 m

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.