

FILED DEC 12 1945

Registration District No. **2**

Primary Registration District No. **5796**

Registrar's No. **20**

1. PLACE OF DEATH:
 (a) County Moniteau County
 (b) City or town Forest - Walker - Hwy
 (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 _____)
 In this community _____ years, months or days

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. Six miles N. of California
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ANNA MARGARET HOLLERING
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 29
 year 1945 hour 1 minute 30 P.M.
 21. I hereby certify that I attended the deceased from Nov. 20, 1945 to Nov. 29, 1945
 that I last saw her alive on Nov. 28, 1945
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 22 1870
 (Month) (Day) (Year)

Immediate cause of death Arteriosclerosis
 Duration _____

8. AGE: Years 75 Months 2 Days 7 If less than one day _____ hr. _____ min.

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

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

PHYSICIAN
 Underline the cause to which death should be charged statistically.
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11. Industry or business _____
 12. Name J. B. Schuster
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Dora Mow
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Carl Hollering
 (b) Address California Md.
 17. (a) Burial (b) Date thereof Nov 30 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Moniteau Evangelical Church

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 _____

18. (a) Signature of funeral director Thos. Williams
 (b) Address California Mo.
 19. (a) 12-9-45 (b) H. R. Pobojay
 (Date received local registrar) (Registrar's Signature)

23. Signature H. A. Benning (M.D. or other) D.O.
 Address California, Md. Date signed 12/2/45

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

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RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-10-45

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. Hillman.....

Licensed Embalmer No. 3537.....

P. O. Address California Mrs......

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.