

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11
5
7
DEC'D SEP 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28617
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan,
(b) Township _____
(c) City St. Joseph,
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds.

Registration District No. 85
Primary Registration District No. 1001
(d) Street No. 201 South 17th.
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 847

2. PRINT FULL NAME Addie Naomi Althouse,

(a) Residence, No. 201 South 17th, St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 20, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 5 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer,
9. Industry or business in which work was done, as saw mill, bank, etc. Loans
10. Date deceased last worked at this occupation (month and year) AUGUST 5, 1938 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) Hamilton, 0
(STATE OR COUNTRY) Missouri, 1

FATHER 13. NAME Albert J. Althouse, 1

14. BIRTHPLACE (CITY OR TOWN) Farragut,
(STATE OR COUNTRY) Iowa,

MOTHER 15. MAIDEN NAME Pearl Dillon

16. BIRTHPLACE (CITY OR TOWN) Galesburg,
(STATE OR COUNTRY) Illinois,

17. INFORMANT Mrs. Pearl Althouse
(ADDRESS) 201 So. 17th. Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cameron, Mo. DATE August 17, 1939

19. FUNERAL DIRECTOR (NAME) Heaton-Belzer-Brown
(ADDRESS) 319 So. 10th. Str. Funeral Home

20. FILED 8/17 1939 H. J. Middlebrook
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug, 16th 1939, to _____, 19____
I last saw him ##### Death is said to have occurred on the date stated above, at 5:00 A.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance: none

Name of operation None Date of _____
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) B. W. Tadle Coroner, M. D.
(Address) King Hill Bldg

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, Aug 16, 1907

or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No. 3007

P. O. Address 319 So. 1st St. St. Louis, 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, above space should be left blank.