

STANDARD CERTIFICATE OF DEATH

State File No. 40592

Registration District No. 733

Primary Registration District No. 4488

Registrar's No. _____

1. PLACE OF DEATH:

(a) County RANDOLPH CO.
 (b) City or town HUNTSVILLE
(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 _____
(Specify whether)
 In this community _____
years, months or days 11 1/2

3. (a) PRINT FULL NAME CELOA. ALTHOUSE

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 12 1939
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 4 If less than one day _____ hr. _____ min.

9. Birthplace HUNTSVILLE MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name ROY ALTHOUSE
 13. Birthplace HUNTSVILLE
(City, town, or county) (State or foreign country)
 14. Maiden name NANCY ROBINSON
 15. Birthplace JACKSONVILLE ILL
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature NANCY ROBINSON
 (b) Address HUNTSVILLE, MO
 17. (a) BURIAL (b) Date thereof Nov 16 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation HUNTSVILLE

18. (a) Signature of funeral director TOM BRATTON
 (b) Address HUNTSVILLE, MO
 19. (a) Dec 2 1939 (b) Mrs. D. A. Burchard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County RANDOLPH
 (c) City or town HUNTSVILLE
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
 year 1939 hour 4 minute 00 M.

21. I hereby certify that I attended the deceased from Nov 12, 1939, to Nov 16, 1939;
 that I last saw her alive on Nov 16, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Birth Injury - Cerebral Hemorrhage Duration 4 days

Due to Breach Extraction

Due to _____

Other conditions (include pregnancy within 3 months of death) 16 hr

Major findings: Of operations _____

Of autopsy _____

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

23. Signature Philip W. Dreyer (M. D. or other) M.D.
 Address Huntsville Mo Date signed 11/25/39

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2075

Date Filed DEC 5 1939

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 TOM B. PATTON

Licensed Embalmer No. 3914

P. O. Address HUNTSVILLE

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.