

**FILED** APR 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11432

Registration District No. 571

Primary Registration District No. 5769

Registrar's No. 14

1. PLACE OF DEATH: Moniteau Co.  
 (a) County.....  
 (b) City or town McGirk, Mo. Walker, Mo.  
 (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 15 Yrs (Specify whether  
 years, months or days) 1/13

3. (a) PRINT FULL NAME Carry Isabelle Althoff.

3. (b) If veteran, name war..... 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ed W. Althoff 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 7 1888  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>2</u>	<u>18</u>	hr. min.

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

10. Usual occupation House Wife

11. Industry or business.....

12. Name John Glenn

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

14. Maiden name Susie Juvinel

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

16. (a) Informant Allen G. Althoff

(b) Address 1011 E. 27th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 27, 41  
 (Month) (Day) (Year)

(c) Place: burial or cremation McGirk, Cent

18. (a) Signature of funeral director Bowling Funeral Home  
California, Mo.

(b) Address.....

19. (a) 3-26-41 (Date received local registrar) (b) H.R. Roberg (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Moniteau  
 (c) City or town McGirk, Mo. Walker T.P.O.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 25 year 1941 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan. 6 1941, to Mar. 25 1941; that I last saw her alive on March 25 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Severe rectal hemorrhage followed by shock.

Due to Diabetes mellitus

Due to.....

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

Major findings:  
 Of operations None

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?  
5011 (Specify type of place) (e) Means of injury.....

23. Signature J. T. Gillie (M. D. or other) D.O.

Address Centerstown, Mo. Date signed 3/25/41

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

MOTHER FATHER

**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 Earl R. Fowlis

Licensed Embalmer No. 2126

P. O. Address California

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11432

Registration District No. 571

Primary Registration District No. 5769

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town Weldon 711  
(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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Carry Isabelle Althoff

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_  
8. AGE: Years 33 Months 2 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Moniteau, Mo.  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal) (Specify type of place)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) 9-26-41 (b) H.P. Fobes (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
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 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 \_\_\_\_\_

23. Signature J. T. Gillie (M. D. or other) \_\_\_\_\_  
Address Centercourse No. \_\_\_\_\_ signed \_\_\_\_\_

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

SUPPLEMENTARY

11432

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**