U. S. No. 2
M—4-13-40
Rev. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11240

State File No.

Registration District No. 508 Primary Registration District No. 3026 Registrar's No. 32

59
1
2

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 30 Jackson St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 4 month years, months or days)

2. USUAL RESIDENCE OF DECEASED: 040
(a) State Missouri (b) County Grundy. 0
(c) City or town Trenton. Rural.
(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.? 1 years.

3. (a) PRINT FULL NAME WILLIAM ALTENDERFER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
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 March (Month) 12 (Day) 1859 (Year)

8. AGE: Years 83 Months Days 1 If less than one day hr. min.

9. Birthplace Lebanon (City, town, or county) Pa (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name William Altenderfer
13. Birthplace Birks Co (City, town, or county) Pa (State or foreign country)
MOTHER
14. Maiden name Rosanna Whitmire
15. Birthplace Birks Co (City, town, or county) Pa (State or foreign country)
16. (a) Informant Mrs Rex Tate
(b) Address 30 Jackson Chillicothe Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 15 (Day) 1942 (Year)
(c) Place: burial or cremation Stucker Cemetery
18. (a) Signature of funeral director E. J. Robertson
(b) Address Laredo, Mo.
19. (a) MARCH 14 (Date received local registrar) (b) LOU ELLA CURTY (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 13 P
year 1942 hour 3 minute XX M.
21. I hereby certify that I attended the deceased from June 1, 1941, to Mch 13, 1942
that I last saw him alive on Mch 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Vascular Hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 94a
Of autopsy No

Duration

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Reuben Barney (M. D. or other)
Address Chillicothe Mo Date signed 3-14-42

438 (Licensed Embalmer's Statement on Reverse Side)

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 E. J. Robertson

Licensed Embalmer No. 2468

P. O. Address Faredo, 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, fact should be so stated above.