

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11733

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 629 Vincil /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Malinda J. Altgilber

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

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 9<sup>th</sup> 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 8 9 hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name Thomas Hardister

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

14. Maiden name Mary Reed

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

16. (a) Informant Mrs. J. M. Miller

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Mar 21<sup>st</sup> 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son  
(b) Address Moberly Mo

19. (a) 3-20-1942 (b) Irma Rowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 629 Vincil St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18<sup>th</sup>  
year 1942 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from Mar 13 1942 to Mar 18 1942  
that I last saw her alive on Mar 18 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion Duration Sudden

Due to Hypertension

Due to Coronary Sclerosis

Due to Diabetes

Other conditions 61  
(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 Irma Rowe (M. D. or other)  
Address Moberly Mo Date signed 3/20/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 4-10-822

Date Filed APR 15 1942

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.....

*Frank B. Witt*

Licensed Embalmer No. 3021

P. O. Address.....

*Moberly 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.