

FILED OCT 13 1942

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 148

97  
1  
2

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
234 East North St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 234 East North St.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME George H. Althouse

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 Married

6. (b) Name of husband or wife Elizabeth Denny 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Sept. 4 1855  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>0</u>	<u>18</u>	.....hr. ....min.

9. Birthplace Renoak Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Banker

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

MOTHER FATHER { 12. Name George Althouse

13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Hester

15. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Althouse

(b) Address 234 East North St.

17. (a) Burial (b) Date thereof Sept. 24  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Swearing

(b) Address Marshall Mo

19. (a) Sept 24-42 (b) Mo T.O. Weather  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 42 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 27 to Sept 27 1942  
that I last saw him alive on Sept 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Sclerosis 3 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
3 yrs

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 [Signature] (M.D. or other) \_\_\_\_\_  
Address [Address] Date signed 9/23/42

1218

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

To be Filed 10-9-42

*Handwritten notes and scribbles, including "9-15" and "10-9-42".*

**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. ~~3235~~,  
working under my personal supervision.

Signed J. Leslie Sumner  
Licensed Embalmer No. 3235

P. O. Address Marshall, 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.