2677

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 171 Primary Registration District No. 4268 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Mayview
(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: 54
(a) State Missouri (b) County Lafayette 0
(c) City or town Mayview. 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Carl Atlmansberger
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Mary Louise Windmoeller 6. (c) Age of husband or wife if alive Deceased. years

7. Birth date of deceased Dec-26-1857 (Month) (Day) (Year)

8. AGE: Years 85 | Months | Days 15 | If less than one day hr. min.

9. Birthplace Okawville Ill. (City, town, or county) / (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John Philip Altmansberger
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Mary Kern
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wm J. Heidbrink.
(b) Address Mayview Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Higginsville Cemetery

18. (a) Signature of funeral director
(b) Address Higginsville. Mo.

19. (a) Jan-13-1943 (Date received local registrar) (b) Mrs W.A. Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan-10-1943 day
year hour minute 9 P. M.

21. I hereby certify that I attended the deceased from Aug. 1942 to Jan 10 - 1943
that I last saw him alive on Jan 9 - 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Super renal gland failure	
Due to Unknown	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jas. D. Willis, M.D. (M. D. or other)
Address Mayview, Mo Date signed 1/10/43

1157 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-5-43

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
Forrest A Hatfield, Registered Apprentice No. 396
working under my personal supervision.

Signed Alfred W Hutchinson
Licensed Embalmer No. 539
P. O. Address Hagerstown Md

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

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