

28080

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. 92 Primary Registration District No. 5334

1. PLACE OF DEATH:
(a) County Boale
(b) City or town Rural, Lockwood Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 55 5-5- - years, months or days

3. (a) PRINT FULL NAME William Althoff
3. (b) If veteran, name war _____ 3. (c) Social Security No. 1-10

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth K. Althoff 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 9, 1860 (Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____
12. Name Leitersheim 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Leitersheim 4
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Florence Althoff
(b) Address Lockwood, Mo.
17. (a) Buried (b) Date thereof July 8, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lockwood, Mo.

18. (a) Signature of funeral director B. L. Hammerschmidt
(b) Address Lockwood, Mo.
19. (a) July 6-43 (b) Rebecca M. Oliver (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Boale 29
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Lockwood Township (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1943 hour 1 minute 15 M.
21. I hereby certify that I attended the deceased from March 13 to July 5, 1943
that I last saw him alive on July 5, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Embolism Duration _____

Due to Hypertension and Coronary Thrombosis 142000
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
940

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. Signatures Raymond Nelson (Physician, D. or other) 7-5-43
Address Lockwood City, Mo. Date signed _____

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

RECEIVED

District Health Officer No. 6;

District File Number 843-921

Date Filed Aug 20 1946

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

R. L. Hamschick

Licensed Embalmer No. 3234

P. O. Address Lockwood 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.