

No. 2
M-2-43
5-17-39
X35697

FILED APR 5 1944

Registration District No. 203

Primary Registration District No. 4314

Registrar's No.

1. PLACE OF DEATH:

(a) County Marion Mo
(b) City or town Atlanta Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community 10 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion Mo
(c) City or town Atlanta
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (If yes, name country: _____)

3. (a) PRINT FULL NAME Arthur F Alsdurf

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased: 3-27-1877 (Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Green Bay Wis (City, town, or county) (State or foreign country)

10. Usual occupation laborer retired

11. Industry or business on farm

12. Name Frank Alsdurf (City, town, or county) (State or foreign country)

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

14. Maiden name Sarah Quirk (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Ruel Compton

(b) Address Atlanta Mo

17. (a) Burial (b) Date thereof 4-3-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Sturgis S.D.

18. (a) Signature of funeral director Hand holding

(b) Address Atlanta Mo

19. (a) Mar 31-44 (b) Mrs A.L. Cambre (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30 year 1944 hour 7 minute 150 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Killed by shooting self between 5 & 6 ribs on left side; chest by 20 ga Duration illness
Due to illness shot gun

Due to illness and 2 illnesses

Other conditions (Include pregnancy within 3 months of death) 164c

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) suicide

(b) Date of occurrence 3-30-44

(c) Where did injury occur? Atlanta Marion Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home While at work? no (Specify type of place)

(e) Means of injury wound

23. Signature H. J. Edward James (M. D. or other)

Address Beris Mo Date signed 3/30/44

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

100

RECEIVED

District Health Order No. 10

District File Number 4-44-658

Date Filed APR 3 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.