

15-43
-17-39
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FILED JUN 5 1944
Registration District No. 347

Primary Registration District No. 3025

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 10 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Dexter 119
(If outside city or town limits, write "RURAL")

(d) Street No. 12 E Mc Callum
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Kendrick Altom

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Glenna Altom

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October 3 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>5</u>	<u>26</u>	hr. min.

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

10. Usual occupation Merchant (Grocer)

11. Industry or business —

MOTHER { 12. Name Robert Altom

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

14. Maiden name Mary French

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

16. (a) Informant Glenna Altom

(b) Address 12 E. Mc Callum Dexter, Mo.

17. (a) Burial (b) Date thereof 5-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Mo.

18. (a) Signature of funeral director Garden Funeral Home

(b) Address Campbell Mo.

19. (a) 6-2-44 (b) Kora Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1944 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from May 29-1944 to May 29 1944
that I last saw him alive on May 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Chronic Interstitial Nephritis and High Blood Pressure

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12/0

Of autopsy —

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?

23. Signature D. L. Almon (M. D. or other)

Address Dexter Mo. Date signed 6/2/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1134

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, MS

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.