

FILED DEC 14 1944

Primary Registration District No. 4232

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Willow Springs
(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) 1

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

In this community 2 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Douglas 24

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

(d) Street No. Selmon Springs Community
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOHN ALTERMATT

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4 CA
year 1944 hour 11 minute _____ P. M.

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

6. (b) Name of husband or wife Ada Loran Altermatt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 2, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 2, 1944 to Dec 4, 1944
that I last saw him alive on December 4, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 4 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral hemorrhage Duration 12-24 hrs.

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

Due to _____
Due to \$30

10. Usual occupation farmer

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name Edward Altermatt

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

14. Maiden name Kate Bolin

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Velma Altermatt

(b) Address Willow Springs MO.

17. (a) Rural (b) Date thereof 12-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Zion Cemetery

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? _____

18. (a) Signature of funeral director J. Burns

(b) Address Willow Springs MO.

19. (a) 12-5-44 (b) Barbette Ferguson
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____ (e) Means of injury _____

While at work _____

23. Signature D. Bailor (M.D. or other) NO.
Address Willow Springs, MO. Date signed 12/6/44

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

6
2
5

RECEIVED

District Health Officer No. 5,

District File Number 12441615

Date Filed 12-12-44

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.....

J. C. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.