

S. No. 2
4-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40831

State File No. _____

FILED JAN 15 1945

Registrar's No. 103

Registration District No. 53

Primary Registration District No. 4080

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

1. PLACE OF DEATH:
 (a) County Carroll
 (b) City or town Norborne mo egypt
(If outside city or town limits, write "RURAL" and give township)
 (c) Name of hospital or institution 213 East 5th Street 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution at home
(Specify whether)
 In this community Life Time
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Carroll 17
 (c) City or town Norborne 4
(If outside city or town limits, write "RURAL")
 (d) Street No. 213 East 5th Street 11
(If rural, give location)
 (e) Citizen of foreign country? No. Yes or No
 If yes, name country _____ 11

3. (a) PRINT FULL NAME Mary Louise Alt
 (b) If veteran, name war No
 (c) Social Security No. 700

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 - day 27
 year 1944 hour 9:30 - minute 0 P.M.
 21. I hereby certify that I attended the deceased from 12-1
1944 to 12-23-1944
 that I last saw her alive on 12-23- 1944
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced widowed
 (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 9 1850
(Month) (Day) (Year)

Immediate cause of death Myocardial
 Duration Norborne

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>13</u>	hr. _____ min.

Due to _____
 Due to 93rd
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____
 12. Name J. H. Williams, Falkner
 13. Birthplace Germany Foreign
(City, town, or county) (State or foreign country)
 14. Maiden name Agnes Christina Stahl
 15. Birthplace Germany Foreign
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant C. H. Alt
 (b) Address 1724 - 42nd St. Des Moines Ia

17. (a) Burial (b) Date thereof 12 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fairhamer Norborne Mo

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 John G. Deetch
 (b) Address Norborne Mo

While at work? _____
(Specify type of place) (e) Means of injury _____

19. (a) 12/24/44 (b) John G. Deetch, Des Moines
(Date received local registrar) (Registrar's signature)

23. Signature B. C. Cole (M. D. or other) _____
 Address Norborne Mo Date signed 12-23-44

RECEIVED

Sanit Health Officer No. 8.

District File Number

Date Filed

Feb 10 - 42

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 John Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne 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.