

2
43
7-39
K35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 27 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12284

State File No. _____

Registration District No. 226

Primary Registration District No. 6209

Registrar's No. 50

1. PLACE OF DEATH

(a) County TEXAS

(b) City or town HOUSTON RURAL
(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)

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

In this community LIFETIME
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS ¹⁰⁷

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOYD ALTI'S

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 12 day 10
year 1944 hour 4:45 minute P.M.

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

4. Sex MALE 5. Color or race WHT

6. (a) Single, widowed, married, divorced M I

6. (b) Name of husband or wife MARY SUE TWEEDEY 6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased: FEB 9 1907
(Month) (Day) (Year)

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

Immediate cause of death _____

Due to gun shot wound self inflicted entering the left lung directly as it went away and death

8. **AGE:** Years 37 Months 10 Days 2 If less than one day _____ hr. _____ min.

21. Duration _____

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

Major findings: _____

Of operations: 164C

Of autopsy: _____

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

10. Usual occupation MERCHANT

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business PRODUCE

12. Name ADDISON ALTI'S

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

14. Maiden name ELSTE SIGMAN

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

16. (a) Informant ADDISON ALTI'S (husband)

(b) Address HOUSTON MISSOURI

17. (a) BURIAL (b) Date thereof DEC 14 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOUSTON

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 Lynn Evans

(b) Address Houston, Mo

19. (a) Dec. 21-44 (b) Mrs. Ella Duff
(Date received local registrar) (Registrar's signature)

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

23. Signature R.P. Hubbard (M. D. or other) _____
Address _____ Date signed _____

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

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 *Lewis E. Scharpf*

Licensed Embalmer No. *3802*

P. O. Address. *Springfield, 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.

Registration District No. 356 Primary Registration District No. (6209)

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Piney Gap, Rural
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Lloyd Altis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
single _____ years
7. Birth date of deceased Feb (Month) (Day) (Year)

8. AGE: Years 37 Months 10 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day _____ Year 1955 Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

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

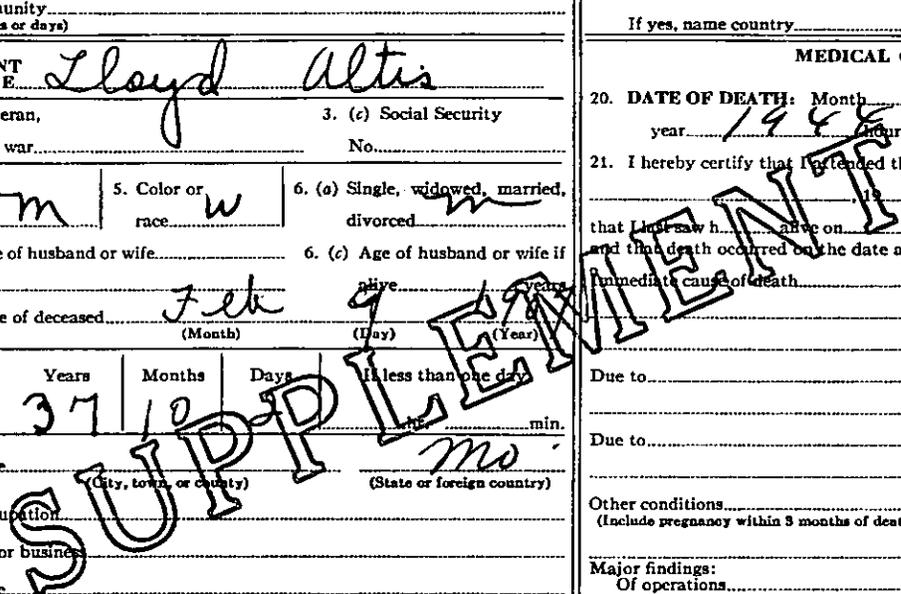
Major findings:
Of operations _____
Of autopsy _____

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

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

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



S-42284-1944