

FILED MAR 6 1946
Registration District No. 142

Primary Registration District No. 4231

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Mountain view
(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 none (Specify whether
In this community 25 years years, months or days)

3. (a) PRINT FULL NAME Amos Althouse

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased NOV 20 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 3 3 hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name not known
13. Birthplace not known
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Floyd Koonce
(b) Address Mtn. view, Mo.

17. (a) Burial (b) Date thereof Feb 24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center

18. (a) Signature of funeral director Joe P. Duncan
(b) Address Mountain view, Mo.

19. (a) 3/4/46 (b) Laura Mitchell
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell
(c) City or town Mountain view
(If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1946 hour 1 minute a.m.

21. I hereby certify that I attended the deceased from Feb 14, 1946, to Feb 16, 1946
that I last saw him alive on Feb 16, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Influenza
Duration

Due to influenza

Due to

Other conditions (Include pregnancy within 3 months of death)

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)
(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) (c) Means of injury 2

23. Signature Stanley Barron (M. D. or other) 100
Address Mountain View Date signed 3-4-46

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

Joe E. Duncan

Licensed Embalmer No.

4325

P. O. Address

Mtn. View, 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.