

No. 2
5-43
17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5480**
Registrar's No. **666**

FILED FEB 19 1946

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 9 days
In this community 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3530 Walnut St.
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS. NANCY H. ALTMAN

3. (b) If veteran, name war XX

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th
year 1946 hour 11: minute 07 A. M.

21. I hereby certify that I attended the deceased from 1/27, 1946, to 2/8/46, 1946;
that I last saw her alive on 2/8/46, 1946,
and that death occurred on the date and hour stated above.

4. Sex Fe / 5. Color or race Wh

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

6. (b) Name of husband or wife Lorenzo D. Altman

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

7. Birth date of deceased September 8 1863
(Month) (Day) (Year)

Immediate cause of death Ch. Myocarditis

Duration _____

8. AGE: Years 82 Months 5 Days 0
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

9. Birthplace Pella Iowa
(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.

10. Usual occupation Housewife

11. Industry or business _____

12. Name Josh Roark

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

14. Maiden name No Record

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

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)

Means of injury 0

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 2/7/46

16. (a) Informant Mrs. Walter Silkenat

(b) Address R#1 Merriam, Kansas

17. (a) Burial (b) Date thereof 2-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granby, Mo.

18. (a) Signature of funeral director J. M. Wagner
Kansas City, Mo.

(b) Address _____

19. (a) 2-9-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

1401 S. W. 13th St. K.C.
LO-0450

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..... *Alvin R. Hainisch*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City, 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.