

S. No. 2
M-8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15460

FILED APR 17 1946

Registration District No. 6-20-35 (Primary Registration District No. 3-54-6201) Registrar's No.

1. PLACE OF DEATH:

(a) County... Jackson Sgt. [unclear]

(b) City or town... Rural

(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... 5 MONTHS (Specify whether in this community... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... Jackson 107

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

(d) Street No... South of Cabool (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MATILDA FRANCIS ALTIS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. / 5. Color or race W.

6. (a) Single, widowed, married, divorced... W. 2

6. (b) Name of husband or wife... Henry

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

7. Birth date of deceased... Jan 29 1866 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day

80 | 1 | 29 | hr. min.

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

10. Usual occupation... Homemaker

11. Industry or business

MOTHER FATHER { 12. Name... Abraham Altis

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

{ 14. Maiden name... CASSIE KENSLEY

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

16. (a) Informant... Ella Wood

(b) Address... Cabool Mo.

17. (a) Burial (b) Date thereof... March 31 46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Galt's Cemetery

18. (a) Signature of funeral director... Gayford V. Elliott

(b) Address... Cabool Mo.

19. (a) March 28 (b) Caynell Cunningham (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1946 4 hour 22 minute 9 A.M.

21. I hereby certify that I attended the deceased from 3/25 Mar 25 1946, to 3/28 1946; that I last saw her alive on March 25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death... Strenuous

Duration

Due to

Due to

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

Major findings: Of operations... 10

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature... G A Forest (M. D. or other)

Address... Willow Springs Date signed 3/29/46

RECEIVED

District Health Officer No. 5,

District File Number 446297

Date Filed 4.16.26

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 Rayford V. Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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.