

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946
Registration District No. 245

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41719**
Registrar's No. 26

Primary Registration District No. 4443

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville
(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 Dorothy Jean Althouse

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 9 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 2 hr. min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Roy Althouse
13. Birthplace Mt. Airy Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Bell Robinson
15. Birthplace Jacksonville Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Althouse
(b) Address Huntsville, Missouri
17. (a) burial (b) Date thereof 12/12/1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo
19. (a) 12-14-1946 (b) Mrs. D.A. Baruchart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
year 1946 hour 4:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Dec 9, 1946, to Dec 11, 1946
that I last saw her alive on Dec 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days
Due to Birth Injury

Due to _____
Other conditions (Include pregnancy within 3 months of death) 460C

Major findings: Of operations none
Of autopsy none
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 D. W. Dreger (M. D. or other) MD
Address Huntsville, Mo Date signed 12/12/46

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 12-46-23
Date Filed DEC-20-1946

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 Tom B Patton
Licensed Embalmer No. 3914
P. O. Address Huntsville

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.