

S. No. 2
4-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12469
Registrar's No. 532

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
301 Highland Street
(d) Length of stay: In hospital or institution 31 Years
In this community 31 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 301 Highland Street
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Charles Claude Alumbaugh
(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 15 year 1947 hour 10 minute 00 P.M.

4. Sex Male (5. Color or race White) (6. (a) Single, widowed, married, divorced Married (b) Name of husband or wife Maude Pearl Alumbaugh (c) Age of husband or wife if alive 62 years (7. Birth date of deceased November 12 1880

21. I hereby certify that I attended the deceased from June 12 1946 to June 17 1946 that I last saw him alive on June 17 and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 5 Days 3 If less than one day hr. min.

Immediate cause of death: Coronary Occlusion
Due to: arteriosclerotic heart disease, genl. arteriosclerosis
Other conditions: mild Vitamin deficiency
Major findings: Progressive degenerative paralysis
Of operations: none
Of autopsy: none

9. Birthplace Bolckow Missouri

10. Usual occupation Owner - Grocery Store

11. Industry or business Charles

12. Name Barnabus F. Alumbaugh

13. Birthplace Barnard Missouri

14. Maiden name Laura W. Jackson

15. Birthplace Dodge City Kansas

16. (a) Informant Mrs. Maude P. Alumbaugh (b) Address 301 Highland St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Apr. 18, 1947

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Mcischnoff (b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) Date received local registrar Apr 19 1947 (b) Registrar's signature G. B. Jenkins

Duration: several yrs
PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
Accident, suicide, or homicide (specify) _____
Date of occurrence _____
Where did injury occur? _____
Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Thompson P. Potter (M.D. or other) M.D. Address 731 Faxon St. Date signed 17 Apr. 47

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

MOTHER FATHER

582

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

17 Apr. 47

Was called to see this patient at 10⁰⁰ P.M. Apr. 15, 47. pt. was dead when I arrived. I had not seen him for about 10 months - coroner notified and stated he thought death cause same as I have stated on reverse side.

J. E. Potter M.D.

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.....

Albert R. Harrington

Licensed Embalmer No. 98 3258 Missouri

P. O. Address..... St. Joseph, 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.