

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31843**
Registrar's No. **58**

Registration District No. **209** Primary Registration District No. **4320**

1. PLACE OF DEATH:

(a) County **Marion**

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

(c) Name of hospital or institution:
Marion County Infirmary 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**

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

(d) Street No.....
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **AUGUST J. KALTENBACH**

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

4. Sex **Male** 5. Color or race **White**

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

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

7. Birth date of deceased **August 16 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	82	11	20	

9. Birthplace **Quincy Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Butcher**

11. Industry or business.....

MOTHER FATHER

12. Name **August J. Kaltenbach**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Paul Kaltenbach**

(b) Address **Hannibal, Missouri**

17. (a) **Burial** (b) Date thereof **8-7-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grand View Burial Park**

18. (a) Signature of funeral director **James D. Muel**

(b) Address **Hannibal, Missouri**

19. (a) **9-6-47** (b) **Wola Siew Sep**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **5**
year **1947** hour..... minute **11 AM** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Atherosclerosis**

Due to **Coronary sclerosis**

Due to.....

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

Major findings: Of operations **437**

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) (e) Means of injury.....

23. Signature **W. M. J. [Signature]** (M. D. or other) **M.D.**

Address **South [Signature]** Date signed **9-5-47**

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..... *N. M. O'Sullivan*
Licensed Embalmer No. *3889*
P. O. Address..... *Summit, Ma.*

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.