. No. 2
—1/47
6-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 14 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7658

Primary Registration District No. 3000

Registrar's No. 111

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 1 hr. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Schuyler
(c) City or town: Lancaster
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location) 1
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: ~~Mrs~~ Miss Minerva ~~Minnie~~ ~~Altes~~ Altes

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~~: Single

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

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

7. Birth date of deceased: April (Month) 15 (Day) 1879 (Year)

8. AGE: Years 68 Months 11 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace: Schuyler Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business .....

MOTHER FATHER
12. Name: Valentine Altes
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Minerva Weaver
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Valentine Altes
(b) Address: Unionville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Lancaster Mo.

18. (a) Signature of funeral director: Fenton Funeral Home
(b) Address: Lancaster, Mo.

19. (a) 4-9-48 (Date received local registrar) (b) Hate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1948 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 8 (Month) 1948 to April 8, 1948 that I last saw her alive on April 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shock	
Due to: Extensive Burn (98% of Entire Body)	
Due to:	
Other conditions: ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident 98
(b) Date of occurrence: April 8, 1948
(c) Where did injury occur? Lancaster (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME (Specify type of place) Grass fire - ignited caught fire - brought fire to
While at work? ..... (e) Means of injury: Burns by flame
23. Signature: Edel Harpler (M. D. or other) D.O.
Address: Kirksville, Mo. Date signed 4-8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4:48:681
Date Filed APR 12 1948

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 James J. Taylor Registered Apprentice No. 436 working under my personal supervision.

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.