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

National Office of Vital Statistics

FILED JUN 17 1948

Registration District No. 273

FEDERAL SECURITY AGENCY
STANDARD CERTIFICATE OF DEATH

State File No. 20308

Primary Registration District No. 5920

Registrar's No. 38

1. PLACE OF DEATH:

(a) County: Perry County

(b) City or town: Rural, Uniontown (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: two miles east of uniontown (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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

(c) City or town: Cape Girardeau (If outside city or town limits, write "RURAL")

(d) Street No.: 111 S. Pacific St. (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Alvin E. Martin Altenthal

3. (b) If veteran, name war .....

3. (c) Social Security No.: 490-05-7298

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Julia Altenthal

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: March 19, 1900 (Month) (Day) (Year)

8. AGE: Years 48 | Months 2 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace: Cape Girardeau, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Plumber

11. Industry or business: A. E. Birk Plumbing Co.

MOTHER FATHER

12. Name: Henry Altenthal

13. Birthplace: Jackson, Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Minnie Koch

15. Birthplace: Cape Girardeau, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Julia Altenthal

(b) Address: Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-26-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: L. L. Heman

(b) Address: Cape Girardeau, Mo.

19. (a) 5-26-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 23, day 1948 year ..... hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Coroner of Perry County, Mo. 19..., to Coroner of Perry County, Mo. 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Failure	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: None
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): Natural

(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: 10

23. Signature: [illegible] (M. D. or other)

Address: Perryville, Mo Date signed .....

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Deputy Coroner of Perry County, Mo.

RECEIVED

District Health Officer No. 4

District File Number 648-223

Date Filed 6-16-48

FEB 11 1949

JUN 17 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 ....., Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.