DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33761

Registration District No. 291 | Primary Registration District No. 4433 | Registrar's No. 94

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

1. PLACE OF DEATH:

(a) County Putnam

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

(c) Name of hospital or Institution: XXXX /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or Institution XXXX (Specify whether)
In this community 57 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

(c) City or town Unionville
(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

81 1 0 0

3. (a) PRINT FULL NAME Valentine Altes

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

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

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased January (Month) 28 (Day) 1862 (Year)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month October day 2
year 1948 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 31, 1948 to Oct 2, 1948
that I last saw him alive on Oct 2, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
86	8	4	hr. min.

	Duration
Immediate cause of death Pulmonary Edema	1 wk
Due to Ca-Cardio Renal Disease	9
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 3-10-48	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation MERCHANT

11. Industry or business Grain and Feed Store

FATHER
12. Name Valentine Altes
13. Birthplace Don't Know (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Minerva Kelley
15. Birthplace Don't Know (City, town, or county) O (State or foreign country)

16. (a) Informant Julie Harper
(b) Address Unionville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Unionville Cemetery

18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville, Mo. By John H. Comstock

19. (a) 10-29-48 (Date received local registrar) (b) Marbell Dunbar (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work (Specify type of place) (e) Means of injury

23. Signature G. H. Harper (M. D. or other)
Address Unionville, Mo Date signed 10/4/48

(Licensed Embalmer's Statement on Reverse Side)

NOV 30 1949

...CEIVED
District Health Officer No. 10
District File No. 11-48-1879
Date Filed NOV 3 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 John N Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

...If this body is not embalmed, fact should be so stated above.