

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **43246**

Registration District No. **571**

Primary Registration District No. **4335**

Registrar's No. **80**

1. PLACE OF DEATH:

(a) County **Moniteau**  
(b) City or town **California, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **22 Yrs**  
(Specify whether years, months or days) **2**  
In this community **22 Yrs**

3. (a) PRINT FULL NAME **William Henry Althoff**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Mary A. Althoff** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **July 11 1862**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **5** Days **19** If less than one day hr. min.

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

10. Usual occupation **Coman Laborer**

11. Industry or business **Fraunce Althoff**

12. Name **Fraunce Althoff**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Charles Murray**

(b) Address **California, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 31. 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Old Town Cemt. California, Mo.**

18. (a) Signature of funeral director **Bowlin Funeral Home**  
(b) Address **California, Mo.**

19. (a) **12-30-40** (b) **N.R. Popejoy**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**  
(c) City or town **California, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **In City**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **70 Yrs** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **30** year **1940** hour **1** minute **A** M.

21. I hereby certify that I attended the deceased from **12-3-** 19**40**, to **12-30-** 19**40**  
that I last saw him alive on **12-29-** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Clot on brain and arteriosclerosis** Duration **27 hrs**

Due to **Paralysis of entire left side**

Other conditions **77**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **20**

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? **504** (Specify type of place) While at work? **—** (e) Means of injury **—**

23. Signature **N.R. Popejoy** (M. D. or other) **!**  
Address **California, Mo.** Date signed **12-30-40**

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 Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California 77

**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.**