

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11432

Registration District No. 571

Primary Registration District No. 5769

Registrar's No. 14

1. PLACE OF DEATH: Moniteau Co.
 (a) County.....
 (b) City or town McGirk, Mo. Walker, 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 15 Yrs / 13
 In this community 15 Yrs / 13
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Carry Isabelle Althoff.
 (b) If veteran, name war.....
 (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ed W. Althoff
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased January 7 1888
 (Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 18
 If less than one day hr. min.

9. Birthplace Moniteau Co., (State or foreign country) MO

10. Usual occupation House Wife

11. Industry or business.....

MOTHER FATHER { 12. Name John Glenn
 13. Birthplace Moniteau Com (State or foreign country) MO
 14. Maiden name Susie Juvinel
 15. Birthplace Kansas (State or foreign country)

16. (a) Informant Allen G. Althoff
 (b) Address 1011 E. 27th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 27, 41
 (Month) (Day) (Year)

(c) Place: burial or cremation McGirk, Cent

18. (a) Signature of funeral director California Bowling
 (b) Address California, Mo.

19. (a) 3-26-41 (Date received local registrar) (b) H.R. Popoway (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Moniteau 68
 (c) City or town McGirk, Mo. Walker T.P.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 25
 year 1941 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan. 6
 1941, to Mar. 25, 1941;
 that I last saw he alive on March 25, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Severe rectal hemorrhage followed by shock.

Due to Diabetes mellitus

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy.....

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?
5-011

While at work? (Specify type of place) (e) Means of injury 11

23. Signature J. T. Gillie (M. D. or other) D.O.

Address Centerstown, Mo. Date signed 3/25/41

Duration

4 hrs.

6 wks.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. Fowler

Licensed Embalmer No. 2126

P. O. Address California

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

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11432

Registration District No. 571

Primary Registration District No. 5769

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Westerly
(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 _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 Carry Isabella Althoff

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 w

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

7. Birth date of deceased 1 7 1898
(Month) (Day) (Year)

8. AGE: Years 33 Months 2 Days 18 If less than one day, hr. _____

9. Birthplace Moniteau, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Monteau, Mo.
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____
19. (a) 9-26-41 (b) H. F. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Due to _____
Due to _____

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

Major findings:
Of operations _____
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature J. T. Gillie (M.D. or other) _____
Address Antlers signed _____

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

SUBMITTED

11432

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 the above constitutes grounds for revocation of license.)

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