No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32207

Registration District No. 657 Primary Registration District No. 4393 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Altenberg 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 (Specify whether years, months or days) 1
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 079
(c) City or town Altenberg Mo.
(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 Joseph Darnstadtt
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Darnstadt
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June (Month) 6 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
75	3	4	hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Invalid for Years
11. Industry or business
FATHER 12. Name Dont Know
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Dont Know
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Anna Darnstadt
(b) Address Altenberg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Altenberg Mo.
18. (a) Signature of funeral director Youngs Bros
(b) Address Perryville Mo.
19. (a) 9-11-1941 (Date received local registrar) (b) Adolph G. Schmidt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10 year 1941 hour 9 minute P M.

21. I hereby certify that I attended the deceased from January 17th 1939 to Sept. 10th 1941; that I last saw him alive on Sept 9th 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastric Hemorrhage	1 day
Due to Cirrhosis of liver	1 year
Due to Arteriosclerosis, General	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1248
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 Theodore Fischer (M. D. or other) M.D.
Address Altenberg Mo. Date signed 9-11-41

(Licensed Embalmer's Statement on Reverse Side)

79 0 0

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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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville Mo

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

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