

FILED APR 20 1942
Registration District No. 247

Primary Registration District No. 3029

8887

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 0164
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. 110 North Griffith
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes name country 0

3. (a) PRINT FULL NAME James Robert Altheide

3. (b) If veteran. name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 27, 1927 1927
(Month) (Day) (Year)

8. AGE: Years 14 Months 9 Days 7 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

12. Name Lucas Altheide

13. Birthplace Quincy Illinois (City, town, or county) (State or foreign country)

14. Maiden name Carrie Schanbacher

15. Birthplace Hannibal Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Lucas Altheide

(b) Address 110 North Griffith

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/42 (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal

19. (a) 4/7/42 (Date received local registrar) (b) Robt. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1942 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from April 1, 1942 to April 4, 1942

that I last saw him alive on April 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Embolism Duration 3 days

Due to Influenza

Due to

Other conditions 33a (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

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?

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

23. Signature J. B. Phillips (M.D. or other) M.D. Address 500 Broadway, Hannibal Date signed 4-6-42

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

6434

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

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.