V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32607

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3784

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 4 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6008 Rockhill Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Helen Mary Altman
3. (b) If veteran, name war ----- 3. (c) Social Security No. ----
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Inf
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 10, 1942 (Month) (Day) (Year)

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

9. Birthplace Kansas City, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Inf
11. Industry or business
FATHER
12. Name William C. Altman
13. Birthplace Emporia, Kas. (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Katherine Muser
15. Birthplace Kansas City, Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant William C. Altman
(b) Address 6008 Rockhill Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Thos. E. Quirk Funeral Home
(b) Address 4316 Troost Ave.
19. (a) 10-14-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14th.
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from Oct 10 '42, 19, to Oct 14, 1942
that I last saw her alive on Oct 13, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Immaturity	
159	
Due to 7 1/2 months	
Due to Cesarean Section because of Maternal Toxaemia	
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)
(e) Place at work? (e) Means of injury
23. Signature Don Carlos Guppey MD (M. D. or other)
Address 717 Prof. Bldg Date signed 10/14/42

361 (Licensed Embalmer's Statement on Reverse Side)

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 Thomas E Quick

Licensed Embalmer No. 3775

P. O. Address 4316 Inwood

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.