

FILED FEB 6 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

378

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 30yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 703 East 12th St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME William Altergott

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Katherine Altergott 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 13 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 29 If less than one day
hr. min.

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

10. Usual occupation Taylor

11. Industry or business Self

12. Name William Altergott

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

14. Maiden name No Record

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

16. (a) Informant William Altergott Jr.

(b) Address 709 E. st 12 St.

17. (a) Burial (b) Date thereof Jan 25 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 1-24-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22nd
year 1945 hour 4 minute 25 A.M. M.

21. I hereby certify that I attended the deceased from 1-13-45 19 to 1-22-45 19
that I last saw him alive on 1-22-45 19
and that death occurred on the date and hour stated above.

Immediate cause of death Acute purulent tracheo-bronchitis

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy see above

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) (et. means of injury)

23. Signature A. E. Usher (M. D. or other) MO.
Address Med. Dir. K.C. Gen. Hospital K.C. Mo. Date signed

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 *C. H. Wise*

Licensed Embalmer No. 2570

P. O. Address. *K. O. Mo*

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.