

S. No. 2
M-8-43
7-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26732

FILED SEP 10 1946

Registration District No. 111

Primary Registration District No. 4183

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Pacific
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Pacific
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MINNIE ALT

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. female 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 AUG 6 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 6
If less than one day hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business own home

12. Name Christ. ALT 4

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

14. Maiden name Dorothea Sohn

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

16. (a) Informant Minnie Alt

(b) Address Pacific, Mo (Dec)

17. (a) Burial (b) Date thereof 9/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific Mo

18. (c) Signature of funeral director Paul J. Fisher

(b) Address Pacific Mo

19. (a) 9/7/46 (b) Ernest B. Gann
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 29
year 1946 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug 28
1946 to Aug 29 1946

that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death APOPLEXY

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 330

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) Means of injury _____

23. Signature Ernest B. Gann (M. D. _____)

Address Pacific Date signed 9/31/46

Duration

24 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6
2
0

20033

RECEIVED
District Health Officer No. 3,
District File Number 9-46-77
Date filed 9-9-46

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..... *Joe L. Hughes*
Licensed Embalmer No. 3008
P. O. Address Paupie, 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.