

No. 2  
-12-45  
5-17-39  
I X47070

FILED JUL 3 1947

State File No. ....

Registration District No. 122

Primary Registration District No. 5456

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
RURAL ROUTE # 8, WILSON TWP.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community eight years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene **39**

(c) City or town Springfield **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 8, **0**  
(If rural, give location) **0**

(e) Citizen of foreign country? No (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDWARD L. ALT

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male  White

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Willia Alt

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased January 9, 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>5</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Fireman

12. Name John Alt

13. Birthplace St. Louis, Miss Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Grimmell

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

16. (a) Informant Mrs. Willie Alt (Wife)

(b) Address Route # 8, Springfield, Mo.,

17. (a) Burial (b) Date thereof 6/28/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) June 26-1947 (b) Glorence Britain  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24, year 1947 hour Uncertain M.

21. I hereby certify that I attended the deceased from May 12 1947 to June 20 1947.  
that I last saw him alive on June 20 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage **Duration**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature W. De Bell (M. D. or other) **0**  
Address Springfield, Mo. Date signed June 25, 1947

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

RECEIVED

Greene County Health Office,

County File Number 47-7-63

Date Filed 7-2-47

561 82 120

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.....

Lee Mason  
working under my personal supervision.

Registered Apprentice No. 477

Signed

Jewell E. Winkler  
Licensed Embalmer No. 2831  
P. O. Address Springfield

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.