

S. No. 2  
DM-5-43  
v. 5-17-39  
1 X36671

33998  
5245

FILED JAN 15 1949  
449

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

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: 146 North Denver  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX (Specify whether  
in this community Life (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. 146 North Denver  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT MRS. JOANNA GROSSE ALTERGOTT  
FULL NAME

3. (b) If veteran, name war XX 3. (c) Social Security No. None

4. Sex Fe / 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alexander Altergott, Sr 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased February 22 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>10</u>	<u>3</u>	hr. min.

9. Birthplace Johnson County Kansas  
(City, town, or county) (State or foreign country)  
Housewife

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Elimar Grosse

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

14. Maiden name Jonanna Wienken

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

16. (a) Informant Alexander Altergott

(b) Address 146 N. Denver

17. (a) Burial (b) Date thereof 12-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

(d) Signature of funeral director J. W. Wagner

(e) Address Kansas City, Mo.

19. (a) 12-27-48 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th  
year 1948 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from July 25, 1948 to Dec 25, 1948  
that I last saw her alive on Dec 24, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 3 yrs

Due to Chronic Myocarditis 3 yrs

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

Other conditions   
(Include pregnancy within 3 months of death)

Major findings:  920

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) \_\_\_\_\_

Signature George B. Elston (M. D. physician)

Address 420 Argyle Bl Date signed \_\_\_\_\_

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

MOTHER FATHER

K.C. J. M. G.

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... *Alvin R. Haunschele*

Licensed Embalmer No. *4159*

P. O. Address *Kansas city 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. }

*50' block*  
*11-4478*  
*Alvin R. Haunschele*