

FILED JAN 15 1945

Registration District No. 53

Primary Registration District No. 4080

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Norborne Mo. East
(If outside city or town limits, write "RURAL" and (No. of township)
(c) Name of hospital or institution
213 East 5th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution at home
(Specify whether
In this community Life Time
years, months or days)

3. (a) PRINT FULL NAME Mary Louise Alt

3. (b) If veteran, name war No 3. (c) Social Security No. 700

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 1950
(Month) (Day) (Year)

8. AGE: Years 94 Months 3 Days 13 If less than one day
hr. _____ min. _____

9. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name J. H. Falke

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

14. Maiden name Christina Stahl

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

16. (a) Informant C. H. Alt

(b) Address 1224 - 42nd St. Des Moines Ia

17. (a) Burial (b) Date thereof 12 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairhamer North Mo

18. (a) Signature of funeral director John G. Deetch

(b) Address Norborne Mo

19. (a) 12/24/44 (b) John G. Deetch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Norborne
(If outside city or town limits, write "RURAL")
(d) Street No. 213 East 5th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27
year 1944 hour 9:30 minute 0 P.M.

21. I hereby certify that I attended the deceased from 12-1
1944 to 12-23-1944
that I last saw her alive on 12-23-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Duration Heart

Due to _____

Due to 93rd

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) (e) Means of injury _____

23. Signature B. C. Cole (M. D. or other) _____

Address Norborne Mo Date signed 12-23-44

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

720

1053

RECEIVED

Health Officer No. 8.

District File Number

Date Filed

Feb 10 - 48

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 Me
....., Registered Apprentice No.....
working under my personal supervision.

Signed John Deitch
Licensed Embalmer No. 3654
P. O. Address Norborne 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.