

FILED AUG 12 1944

State File No.

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 189

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Mary A. Althoff

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

1. 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 Jan 19 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Dan Cannady 13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Chambers

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

16. (a) Informant Rosa Newkirk
(b) Address California Mo.

17. (a) Burial (b) Date thereof July 14, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemt. California

18. (c) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.

19. (a) July 13-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town California, Mo.
(If outside city or town limits, write "RURAL") 1
(d) Street No. City
(If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 12, year 1944 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Sept 1941 to July 12, 1944, that I last saw her alive on July 11, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration 2 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1312

Major findings: Of operations _____

Of autopsy _____

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 C

23. Signature Jay Latham (M. D. or other) 1
Address California, Mo Date signed 7-12-44

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

RECEIVED

District Health Officer No. 9

District File Number

Date Filed 8-10-44

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 Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California me

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.