

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13568
Do not file this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kau Primary Registration District No. 1002 Registered No. 1548
(c) City Kansas City (d) Street No. General Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds., (f) How long in U. S., if of foreign birth, yrs. mos. ds.

2. PRINT FULL NAME

Charles E. Albright 4.16
(a) Residence, No. 1229 E. 11 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian Albright
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1861
7. AGE YEARS 76 MONTHS 9 DAYS 5 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs Lillian Albright
(ADDRESS) 1229 E. 11

18. BURIAL, CREMATION, OR REMOVAL PLACE Lulu, Mo DATE Apr 12, 1938

19. FUNERAL DIRECTOR Howe & Sons
(ADDRESS) Bushy Creek + Pass

20. FILED Apr 17, 1938
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... alive at....., 19..... Death is said

to have occurred on date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Auto Traumatism Date of onset

Fracture of the Skull 2107M

Fracture of 5th Cervical vertebrae

Other contributory causes of importance:

Cerebral Hemorrhage

Ruptured spleen with Hemoperitoneum

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 4-10-38

Where did injury occur?..... (Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Pedestrian struck

Nature of injury by auto

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Geo. B. Butler M. D.

(Address) Gen Hosp; K.C. Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Neil Carr
Licensed Embalmer No. 3976

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.)