

REC'D JUL 25 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22680

Do not use this space.

1. PLACE OF DEATH

(a) County Pike
 (b) Township Buffalo
 (c) City Louisiana
 (c) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 689Primary Registration District No. 3033

Registered No. _____

(d) Street No. 810 N 7th
 (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 810 N 7th St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Albright</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-19-1868</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>3</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Indiana13. NAME
Jane14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
(?)15. MAIDEN NAME
(?)16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
(?)17. INFORMANT (ADDRESS)
Jane Albright, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE
River View, Louisiana DATE 2/15/3819. FUNERAL DIRECTOR (ADDRESS)
John H. McHenry, Mo20. FILED 6/14/38 John H. McHenry, Jr. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
June 13, 193822. I HEREBY CERTIFY, That I attended deceased from
May 22, 1938, to June 13, 1938I last saw him alive on June 13, 1938. Death is said to have occurred on the date stated above, at 10:00 m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:
Cardio vascular renalName of operation None Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury _____, 1938Where did injury occur? ✓ (Specify city or town, county, and State)

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

Manner of injury ✓Nature of injury ✓

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

If so, specify

(Signed) Emil Le Roy Meyer, Jr. D.O.(Address) Louisiana, 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.....

Licensed Embalmer No.

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.)