

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 14 1939
NOV 1 1939

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

36745

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 604
(b) Township Portage Primary Registration District No. 5798
(c) City Corrison (d) Street No. _____
(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

(a) Residence, No. _____ 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 fem 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 25 Aug - 1938

8. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
1 1 17

9. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
10. Industry or business in which work was done, as saw mill, bank, etc.
11. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Corrison (STATE OR COUNTRY) Mo

13. NAME John Albright

14. BIRTHPLACE (CITY OR TOWN) Maechen (STATE OR COUNTRY) Mo

15. MAIDEN NAME Dorothy Gase

16. BIRTHPLACE (CITY OR TOWN) Lawa (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) John Albright
Corrison, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maechen, Mo DATE Oct 13 1939

19. FUNERAL DIRECTOR (NAME) Richards Burd Co. (ADDRESS) New Madrid, Mo

20. FILED 10/30 1939 Wm O'Bannon Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1939, to Oct 11, 1939.

I last saw him alive on Oct 5, 1939. Death is said to have occurred on the date stated above, at 6 a m.

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

Colitis

Date of onset

Other contributory causes of importance: 11/12

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

Accident, suicide, or homicide? _____ Date of injury _____, 1939

Where 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) H. J. O'ELLY, M. D.

533 (Address) Portageville, Mo

RECEIVED

District Health Officer No. 3

District File Number 1139-316

Date Filed 11-7

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.