

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11720

State File No. _____

Registration District No. 564

Primary Registration District No. 5758

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Rural Equality Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days) 4 11 6

3. (a) PRINT FULL NAME RONALD EARL ALBERTSON

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

4. Sex W 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 15th 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
1 hour 1 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Merrel Edward Albertson
13. Birthplace Bramley, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Dorothy Hunt
15. Birthplace Munda Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Merrel Albertson

(b) Address Jussumbia, Mo.

17. (a) burial (b) Date thereof 3-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jussumbia, Mo.

18. (a) Signature of funeral director family

(b) Address _____

19. (a) 3-15-40 (b) L. M. Garner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller
(c) City or town Jussumbia - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. R.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1940 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 1 A. M. to
1940 to 2 A. M. 1940
that I last saw him alive on 3-15- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation due to Definitive Heart was located on Right side of chest
Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.
PHYSICIAN _____

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 M. E. Humphreys (M. D. or other) 3
Address Jussumbia, Mo. Date signed 3/15/40

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

66

RECEIVED

Miller County Health Dep't

County File Number 40-35

Date Filed 4-9-40

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.