

REC JUN 5 1940

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

18182  
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 178  
(b) Township Excelsior Primary Registration District No. 1011 Registered No. 87  
(c) City Excelsior Springs (d) Street No. \_\_\_\_\_ 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fannie Albertson

(a) Residence, No. 210 Kansas City Ave 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1882  
7. AGE YEARS 58 MONTHS 2 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
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)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

FATHER 13. NAME Thomas Sloan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Susan McLaughlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

17. INFORMANT (NAME) Fannie Albertson  
(ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri City Mo DATE May 25 1940

19. FUNERAL DIRECTOR (NAME) Claude B. ...  
(ADDRESS) Excelsior Springs, Mo.

20. FILED May 25 1940 Mrs. Rea ...  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1940

22. I HEREBY CERTIFY, That I attended deceased from May 3 1940 to May 23 1940  
I last saw her alive on May 22 1940. Death is said to have occurred on the date stated above, at 6:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Accident

Date of onset 2/15/40

Other contributory causes of importance:

Arteriosclerosis  
Chr. Nephritis (Interstitial)  
Myocardial Heart Disease

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 \_\_\_\_\_, 19\_\_\_\_  
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) Eugene B. ... M. D.  
(Address) Excelsior Springs Mo

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.

RECEIVED  
District Health Officer No. 8  
6-4-9

**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, Walter Barker, or by \_\_\_\_\_

Registered Apprentice No. 228, working under my personal supervision.

Signed Claude Richard

Licensed Embalmer No. 2751

P. O. Address Exelior Spst M

**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.**