

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **25562**
Registrar's No. **37**AUG 1 1940
Registration District No. **160**Primary Registration District No. **4274**

1. PLACE OF DEATH:

- (a) County Lafayette
(b) City or town Higginsville Mo.
(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)

- (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ since birth
years, months or days

3. (a) PRINT FULL NAME Dorothy Mae Albert **416**

8. (b) If veteran, 495-18-5654 8. (c) Social Security
name war. No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If _____

alive _____ years

7. Birth date of deceased May - 27 - 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 1 27 hr. min.

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

10. Usual occupation Employed by shoe factory

11. Industry or business making shoes

- MOTHER FATHER { 12. Name Fred Albert

13. Birthplace Yarmouth Co. Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Martha Sander

15. Birthplace Concordia Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

- (b) Address _____

17. (a) Burial (b) Date thereof July 27 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Evang. Cem. Higginsville

18. (a) Signature of funeral director Charles V. Mendenhall

- (b) Address Higginsville Mo.

19. (a) 7-27-40 (b) T. J. Webb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Lafayette

- (c) City or town Higginsville Mo.
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 20, 1940, to July 23, 1940
that I last saw her alive on July 23, 1940
and that death occurred on the date and hour stated above

Immediate cause of death Septicemia

Due to Abortion

Due to Pregnancy

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

- (Specify type of place) _____

- (e) Means of injury _____

28. Signature C. J. Jewell (M. D. or other) _____

- Address Higginsville Date signed July 26

RECEIVED
District Health Officer No. 8,
District Health Officer
Date Filed 8-5-40

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

Roy F. Wiegman

Licensed Embalmer No. *2883*

P. O. Address *Higginsville*

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.