

10-39
-39
C21492

Registration District No. **1095**

Primary Registration District No. **4336**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Clarksburg
(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 2
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Clarksburg, 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.? _____

3. (a) PRINT FULL NAME Benjamin Franklin Albin

3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th.
year 1940 hour 7 minute P. M.

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

6. (b) Name of husband or wife Arbell Abbin 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased July, 15th. 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1938 to Sept. 9 1940

that I last saw him alive on Sept. 9 1940 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
87 1 25 hr. _____ min.

Immediate cause of death Arteriosclerosis

Due to _____

Due to 97

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

10. Usual occupation Farmer (Retired)

Other conditions 97
(Include pregnancy within 3 months of death)

11. Industry or business --

MOTHER FATHER { 12. Name George Albin

{ 13. Birthplace Virginia
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Ann Smith

{ 16. Birthplace West Va.
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN
Unde to the cause which should be charged tistically.

16. (a) Informant Chas Albin
(b) Address Clarksburg Mo.

17. (a) Burial (b) Date thereof 9-12-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Zion Cemetery

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) (place?)

(d) Did injury occur in or about home, on farm, in industrial place, in public _____

18. (a) Signature of funeral director Jessie E. Richards
(b) Address Clarksburg Mo

19. (a) 9-12 (b) J. E. Martin
(Date received local registrar) (Registrar's signature)

23. Signature J. E. Martin (St. D. or other) 5
Address California Date signed 9/11/40

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

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 me

....., Registered Apprentice No.

..... under my personal supervision.

Signed

Jessie E. Richardson

Licensed Embalmer No.

2466

P. O. Address

Lipton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.