

FILED OCT 17 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32649

Do not use this space.

1. PLACE OF DEATH

(a) County Feu MadridRegistration District No. 274(b) Township BeaverPrimary Registration District No. 4063

Registered No. _____

(c) City Lilbourn

(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. James Ray Albright St. Mo.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mich 27 19397. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 3 11OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none 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 112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lilbourn Mo.FATHER 13. NAME James Albright14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Mo.MOTHER 15. MAIDEN NAME Eva Beardsley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.17. INFORMANT (ADDRESS) Clarence Albright Lilbourn Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lilbourn DATE 7-9 194019. FUNERAL DIRECTOR (ADDRESS) Will Bros Lilbourn Mo.20. FILED July 8 1940 E. E. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1940

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 12:30 p.m.

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

Crushed head caused by auto truck (Accidental)

Date of onset _____

Other contributory causes of importance: 210

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? Accident Date of injury July 8 1940Where did injury occur? Lilbourn Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto truckNature of injury Crushed Skull24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. E. Jones M. D.537 (Address) Lilbourn Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 2

District File Number 1046-156

Date Filed 10/11/40

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)