No. 2
13-40

FILED JAN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42755

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 334

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 25 years 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1410 So Main
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mary Tralucia Alberti
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wilford Wilford Alberti
6. (c) Age of husband ~~or wife~~ if alive 56 years
7. Birth date of deceased Oct (Month) 28 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
54	2	2	16 hr. 35 min.

9. Birthplace Independence (City, town, or county) Missouri (State or foreign country)
10. Usual occupation H. Wife 0
11. Industry or business 1
FATHER
12. Name Alson A. White 0
13. Birthplace Lancing Iowa (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah A. Robertson
15. Birthplace Rolls County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Lenord Sherman.
(b) Address 219 S. Hutting Fairmount Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Independence Mo
18. (a) Signature of funeral director Ott & Mitchell
(b) Address 310 N. Main St. Independence Mo.
19. (a) Jan. 2 41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th year 1940 hour 4 P.M. minute ..... M.
21. I hereby certify that I attended the deceased from 12-30-40, 19..., to 12-30-40, 19...; that I last saw her alive on 12-30-40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Starred on left breast	
Due to	
Due to 50	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Metastis	
Of autopsy Nil	

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

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?
3/10 (Specify type of place)
While at work? (e) Means of injury 3
23. Signature D. P. Redding (M. D. or other) D.O.
Address 5406 INDEPENDENCE AVE Date signed 1-2-41

(Licensed Embalmer's Statement on Reverse Side)

DEC 28 1945

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.....646.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.