

FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15470**

Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. **147**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Rural Sedalia Twn.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **RFD # 2.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **Christene Wilnemine Albers**

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 **William Albers** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **March 24, 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 **1** **2** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Unkown**
13. Birthplace **Unkown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unkown**
15. Birthplace **Unkown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fred Albers**
(b) Address **Sedalia, RFD # 1.**
17. (a) **Burial** (b) Date thereof **Apr. 29-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mem. Park**

18. (a) Signature of funeral director **Gillespie Funeral Home**
(b) Address **Sedalia, Mo.**

19. (a) **4-28-41** (b) **Miss Harry Sneed**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Rural Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **RFD # 2.** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26**
year **1941** hour **2** minute **40PM** M.

21. I hereby certify that I attended the deceased from **8-24**
to **4-26**, 19**41**.
that I last saw her alive on **4-25**, 19**41**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral embolism**
Due to **Arteriosclerosis**
Due to **Chronic myocarditis**
Other conditions **Coronary sclerosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **92 H**
Of autopsy
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?

23. Signature **J. M. Rodman M.D.** (M. D. or other)
Address **Sedalia Mo** Date signed **4-28-41**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8
License File Number
Date Filed
5-19-41

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.....

L. E. Baile

Licensed Embalmer No. 3867

P. O. Address *Seaside, Mr.*

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, fact should be so stated above.