

Registration District No. 461

Primary Registration District No. 3024

Registrar's No.

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Livingston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 20th Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT

FULL NAME Florence ANN Albin

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Fe

5. Color or race w

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Geo. A. Albin

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Dec.

(Month)

14

(Day)

1863

(Year)

8. AGE:

Years

Months

Days

If less than one day

72

6

5

hr.

min.

9. Birthplace

Livingston

(City, town, or county)

MO

(State or foreign country)

10. Usual occupation

at home

11. Industry or business

MOTHER FATHER

12. Name

Abraham Harris

13. Birthplace

England

(City, town, or county)

(State or foreign country)

14. Maiden name

Mary Elizabeth Taylor

15. Birthplace

England

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. V. Johnson

(b) Address

Wichita Kans.

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

June 21-1941

(Month) (Day) (Year)

(c) Place: burial or cremation

Livingston Mo

18. (a) Signature of funeral director

W. M. Miller

(b) Address

Livingston Mo

19.

June 21/41

(Date received local registrar)

Belva Y. Baker

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Livingston
(If outside city or town limits, write "RURAL")
(d) Street No. 20th Main
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1941 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 1st, 1939, to June 19, 1941
that I last saw her alive on June 19, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial Infarction

Duration

3 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

W. M. Miller

(M. D. or other)

Address

Livingston Mo

Date signed

6/21/41

File

RECEIVED
District Health Officer No. 8,
District File Number
74-8-41

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 Garrett J. Jumper
Licensed Embalmer No. 3275
P. O. Address Lynchburg, Mo.

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.