

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22479

State File No. _____

Registration District No. 721

Primary Registration District No. 5952

Registrar's No. _____

1. PLACE OF DEATH

(a) County Putnam
(b) City or town Rural Lincoln Mo.
(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 80 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Mendota
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1941 hour 6:00 PM minute _____ M.
21. I hereby certify that I attended the deceased from May
1941 to June 6, 1941
that I last saw him alive on June 6, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

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.

3. (a) PRINT FULL NAME GEORGE HENRY ALBEE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife DIANNA BELL ALBEE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 29 41
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business Own Farm

12. Name Moses D Albee

13. Birthplace West Knox Maine
(City, town, or county) (State or foreign country)

14. Maiden name Emily S Greenough

15. Birthplace West Knox & East Knox
(City, town, or county) (State or foreign country)

16. (a) Informant Lianora B Albee

(b) Address Mendota Mo

17. (a) Burial (b) Date thereof 6-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mendota Mo

18. (a) Signature of funeral director Leah E Best

(b) Address Cincinnati Iowa

19. (a) July 4 41 (b) Currier Hill
(Date received local registrar) (Registrar's signature)

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?
942 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature P. H. Best (M. D. or other)
Address Carletonville Date signed 7/11

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

Lester E. Best

Licensed Embalmer No. *2944*

P. O. Address *Cincinnati, Ohio*

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.