

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 397

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 33733

Registrar's No. 3654

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 3419 Brooklyn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community 35 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Nannie M. Albin

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charlie Albin 6. (c) Age of husband or wife if deceased Deceased years
7. Birth date of deceased June 28th, 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (c) Informant Hugh Albin

(b) Address 3419 Brooklyn

17. (a) Burial (b) Date thereof Oct. 4th
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Rose & Henderson

(b) Address 1012/41 Kansas City Mo.

19. (a) 10/2/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 3419 Brooklyn
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2nd year 1941 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 1940 to Oct. 2 1941 that I last saw her alive on Aug. 27 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarct.

Due to Chronic congestive (valvular) heart disease - myocardial fibrillation

Other conditions General arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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 Loyle P. Lowrey (M. D. or other) 0
Address 6th & Lathrop Bldg. Date signed 10-2-41

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

MOTHER FATHER

361

10-24-88
J. C. Henderson

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.