

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34606**

FILED NOV 10 1941
Registration District No. **163**

Primary Registration District No. **4095**

Registrar's No. **48**

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **El Dorado Springs 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 _____ (Specify whether)
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **ANGELICIA ELLEN ALBERTSON**

3. (b) If veteran, _____ name war _____ 3. (c) Social Security No. **NONE**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **J. H. Albertson** 6. (c) Age of husband or wife if alive **Deed** years
7. Birth date of deceased **April 2, 1860** (Month) (Day) (Year)

8. AGE: Years **81** Months **6** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) **1. Car 1** (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **J. Mathias Charles**

13. Birthplace **1. Car 1** (City, town, or county) (State or foreign country)

14. Maiden name **Thelma Jane Whicker**

15. Birthplace **1. Car 1** (City, town, or county) (State or foreign country)

16. (a) Informant **J. W. Montgomery**

(b) Address **El Dorado Springs Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10-13-1941** (Month) (Day) (Year)

(c) Place: burial or cremation **Blackwater, Mo**

18. (a) Signature of funeral director **W. M. Siders**

(b) Address **El Dorado Springs Mo**

19. (a) **Oct 12-41** (Date received local registrar) (b) **J. W. Dawson** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**
(c) City or town **El Dorado Springs Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **113 W Fox Davis** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **11** year **1941** hour **3** minute **A** M.

21. I hereby certify that I attended the deceased from _____, 19____ to **Oct 11**, 19**41**;
that I last saw her alive on **Oct 10**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **97**

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 **0**

23. Signature **J. W. Dawson** (M. D. or other)

Address **El Dorado Springs** Date signed **Oct 24**

154 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1850

Date Filed 11-7-41

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.....

Licensed Embalmer No. 2350

P. O. Address Edwards Stgo. 7

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.