

FILLED NOV 10 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

34609

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 164  
 (b) Township S. Benton Primary Registration District No. 4096 Registered No. 278  
 (c) City Jericó Springs (d) Street No. HOME St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 37 yrs. 1 mos. 14 ds. (f) How long in U. S., if of foreign birth? 57 yrs. 4 mos. 10 ds.

2. PRINT FULL NAME Friedrich Gottfried Albrecht 20

(a) Residence, No. Jericó Springs - Missouri - Cedar Co. St.  (If nonresident, give city or town and State)  
 (Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married 1  
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED (Wife)  
 HUSBAND OF Friederika Albrecht  
 WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 81 MONTHS 1 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Angern  
 (STATE OR COUNTRY) Germany

13. NAME Gottfried Albrecht

14. BIRTHPLACE (CITY OR TOWN) Angern  
 (STATE OR COUNTRY) Germany

15. MAIDEN NAME Dorothea Schuler

16. BIRTHPLACE (CITY OR TOWN) Angern  
 (STATE OR COUNTRY) Germany

17. INFORMANT Emilie Albrecht  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Jericó Spgs Mo DATE 10-13 1941

19. FUNERAL DIRECTOR Op Mitchell  
 (ADDRESS) Jericó Spgs Mo

20. FILED Nov 3 1941 J.P. Schock  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1941, to Oct. 11, 1941.

I last saw him alive on Oct. 9, 1941. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia  
due to confinement  
in bed in last stages  
of Paralysis Agitans

Date of onset 10/9

1933

Other contributory causes of importance:  
JMC

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) J.H. Bennett D.O.  
 (Address) Buffalo, Missouri

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 7,

District File Number 11-41-1814

Date Filed 11-6-41

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. did not Embalm

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34609  
Registrar's No. 278

Registration District No. 164

Primary Registration District No. 4094

1. PLACE OF DEATH:  
(a) County Cedar  
(b) City or town Jericu Springs, Rm  
(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:  
In this community 3 yrs. 1 mo. 14 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cedar  
(c) City or town General South Benton  
(If outside city or town limits, write "RURAL")  
(d) Street No. One Mi North of Jericu Spgs. Mo  
(If rural, give location)  
(e) Citizen of foreign country? U.S. 5 yrs. 4 mo. 10 days (Yes or No)  
If yes, name country:

3. (a) PRINT FULL NAME Friedrich D. Albrecht  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October year 1941 hour 30 minute 10 M.  
21. I hereby certify that I attended the deceased from Sept 10, 1941 to Oct 9, 1941; that I last saw him alive on Oct 9, 1941; and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife FRIDERIKA FRICKLE ALBRECHT 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased: 8 (Month) 13th (Day) 1866 (Year)

Immediate cause of death Hypertensive pneumonia  
Duration

8. AGE: Years 81 Months 1 Days 1 (If less than one day, in min.)

Due to Confinement in Bed in last stages of Paralysis Sigitima  
Other conditions (Include pregnancy within 3 months of death) ✓  
Major findings: Of operations ✓  
Of autopsy ✓ no

9. Birthplace Angern Germany (City, town, or county) (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business Farmer

MOTHER FATHER  
12. Name Friedrich Albrecht  
13. Birthplace Angern Germany (City, town, or county) (State or foreign country)  
14. Maiden name Brother Schuler  
15. Birthplace Angern Germany (City, town, or county) (State or foreign country)

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? no (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.

16. (a) Informant Emilie Albrecht  
(b) Address Jericu Springs, Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Jericu Springs, Mo  
18. (a) Signature of funeral director O.P. Mitchell  
(b) Address Jericu Springs, Mo  
19. (a) Nov 13, 1941 (Date received local registrar) (b) J.P. Brown (Registrar's signature)

23. Signature J.S. Bennett (M. D. or other) D.O.  
Address Buffalo, Mo Date signed Oct 10

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

SUPPLEMENTARY

