

FILED MAR 16 1942
Registration District No. 222

Primary Registration District No. 3027

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 6/1
(c) City or town Macon 3
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1942 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 14
1941 to Feb 7 1942
that I last saw him alive on Feb 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-renal-Vascular disease 2 year

Due to Arterio Sclerosis 8 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/a
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)
(a) Means of injury _____
23. Signature J F Turner (M. D. or other) 0
Address Macon, Mo Date signed 2-10-42

3. (a) PRINT FULL NAME Wilbur Ernest Albright

3. (b) If veteran, name war _____ 3. (c) Social Security 499-01-5574

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ellen Albright 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 29- 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Merced- California
(City, town, or county) (State or foreign country)

10. Usual occupation Food Agency

11. Industry or business _____

12. Name Monroe Albright

13. Birthplace Putnam Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Orilla Vader

15. Birthplace Macon, Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Ellen Albright

(b) Address Macon, Missouri

17. (a) Burial (b) Date thereof 2-9-42
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bucklin Cemetery

18. (a) Signature of funeral director Albert Skinger

(b) Address Macon, Missouri

19. (a) 3/5/42 (b) Jora B. Junkler
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 10-42-422

Date Filed _____

MAR 11 1942

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 Paul J. Ballou

Licensed Embalmer No. 4206

P. O. Address Macon, 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, fact should be so stated above.