S. No. 2
M—1-4-41
v. 5-17-39
I X28390

15329

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3035

State File No.

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town ~~none~~ Richmond City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution All Her Life (Specify whether years, months or days)

In this community ~~Sultana Burgis Albertson~~

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89

(c) City or town Richmond Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 221 S. Shotwell Street 1
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country U.S.A.

3. (a) PRINT FULL NAME Sultana Burgis Albertson

3. (b) If veteran, name war none

3. (c) Social Security No. no

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 9

6. (b) Name of husband or wife Joel J. Albertson

6. (c) Age of husband or wife if alive Died years

7. Birth date of deceased July 12 th. 1856.
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace Ray Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Hrme Keeper

11. Industry or business

FATHER
12. Name Alexander Holder
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucinda Carr
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Felix Albertson
(b) Address Richmond Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-42.
(Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetary Ray Co. Mo.

18. (a) Signature of funeral director [signature]
(b) Address Richmond Mo.

19. (a) April 24, 1942 (Date received local registrar) (b) Mrs. C. W. Sleppard (Registrar's signature)

1280

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 26
year 1942 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from Apr. 18, 1942 to Apr. 26, 1942
that I last saw her alive on Apr 26, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	8 days
Due to Arterial Sclerosis Hypertension	
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.

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

23. Signature Dr. E. G. Kevane (M.D. or other)
Address Richmond, Mo. Date signed Apr 24

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5-13-42

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 J.B.Brothers, Registered Apprentice No.,

working under my personal supervision.

Brothers Funeral Home.

Signed J B Brothers

Licensed Embalmer No. 2001.

P. O. Address Richmond 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.