

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22425

State File No.

FILED JUL 17 1942

Registration District No. 83

Primary Registration District No. 4507 4504

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbyville
(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 life (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN FRANKLIN ALBIN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Albin 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased June 6 - 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 28 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Joseph Albin
13. Birthplace va (City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Albin
(b) Address Shelbyville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Emden Cemetery

18. (a) Signature of funeral director E. P. Thorn

(b) Address Shelbyville Mo.

19. (a) July 6 42 (Date received local registrar) (b) Madge Gosch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby
(c) City or town Shelbyville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1942 hour 3:12 minute A M.

21. I hereby certify that I attended the deceased from May 26 1942, to July 4 1942, that I last saw him alive on July 3 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Due to 46

Due to

Other conditions (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) (c) Means of injury

23. Signature P. G. Oraker (M. D.)

Address Shelbyville Mo. Date signed 7-4-42

1095 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 7-42-1420

Date Filed JUL 15 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.....

E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.