

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26572

State File No.

Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 114

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Molino (Rural)
(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 --- (Specify whether
In this community 25 years
years, months or days)

3. (a) PRINT FULL NAME Ferdinand A. Albright

3. (b) If veteran, name war No 3. (c) Social Security No. no
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased June 9, 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 21 If less than one day
hr. min.

9. Birthplace Springfield, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John D. Albright
13. Birthplace Dk (City, town, or county) (State or foreign country)
14. Maiden name Christinia Webber
15. Birthplace Dk (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. A. Albright
(b) Address Molino, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/42
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Alvin Arnold
(b) Address Mexico, Mo.
19. (a) Aug 2-1942 (Date received local registrar) (b) Margaret H. Mackie (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain
(c) City or town Molino
(If outside city or town limits, write "RURAL")
(d) Street No. R. #1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1
year 1942 hour 11.30 minute 15 M.

21. I hereby certify that I attended the deceased from The last 2 yrs
1940 to Aug 1 1942
that I last saw him alive on July 25
and that death occurred on the date and hour stated above.
Immediate cause of death Heart Disease
Angina Pectoris
Heid during an attack
of the above disease

Due to Heart Disease
Due to Angina Pectoris
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) Means of injury
23. Signature Alvin Arnold (M. D. or other)
Address Mexico, Mo. Date signed Aug 1-42

1674

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 9-42-1667

Date Filed SEP - 8 1947

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

Elmer C. Amodeo

Licensed Embalmer No.

3569

P. O. Address

Muskegon, Mich.

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.