

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31137

FILED OCT 8 1942
Registration District No. 294

Primary Registration District No. 3056

State File No.

Registrar's No. 168

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly, Mo.
(c) Name of hospital or institution: St. Cornick's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs.
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME

Wm M. Albright

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna M. Albright

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 8

1883
(Month) (Day) (Year)

8. AGE:

Years 59 Months 0 Days 24 hr. min.

9. Birthplace

Macon Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Farming

11. Industry or business

12. Name James Albright

13. Birthplace Ohio

14. Maiden name Clara Thomsick

15. Birthplace Brown Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm M. Albright

(b) Address Macon, Mo. R. 1

17. (a) Burial (Burial, cremation, or removal) Burial

(b) Date thereof 9-4-42
(Month) (Day) (Year)

(c) Place: burial or cremation Friend ship Cem.

18. (a) Signature of funeral director Stephen J. Gooding

(b) Address Macon, Mo.

19. (a) Sept. 11-42 (b) Anna Nave
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1
year 1942 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9-1-42
to 9-1-42, 1942
that I last saw him alive on 9-1-42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of bowels Duration

Due to acute appendicitis

Due to 121

Other conditions (Include pregnancy within 3 months of death)

Major findings: acute appendicitis causing obstruction of bowels
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) Means of injury

23. Signature F. L. McCormick (M. D. or other) 2-1-42
Address Moberly Mo. Date signed

RECEIVED

District Health Officer No. 10

District No., Number 10-42-1838

Law Filed OCT-7-1942

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.....

H. W. Goodding, Registered Apprentice No.....
working under my personal supervision.

Signed H. W. Goodding

Licensed Embalmer No. 17501

P. O. Address Atlanta, Ga.

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31137
Registrar's No. 148

Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Rural
(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)

3. (a) PRINT FULL NAME Wm M Albright
3. (b) If veteran, name war _____ 3. (c) Social security No. _____

4. Sex M 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Aug 8
(Month) (Day) (Year)
8. AGE: Years 59 Months 0 Days 19 (If less than one day, min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 Sept Day 1 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
(Immediate cause of death) _____

Due to _____
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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text suggests that organizations should implement robust systems to track every detail, from small expenses to major investments.

2. The second section addresses the challenges of data management in a rapidly changing environment. It notes that as the volume of data increases, the complexity of managing it also grows. The author argues that organizations must invest in advanced technologies and skilled personnel to effectively handle this information. This includes not only storage but also the ability to analyze and interpret the data for strategic decision-making.

3. The third part of the document focuses on the role of leadership in fostering a culture of innovation and risk-taking. It states that leaders should encourage their teams to explore new ideas and approaches, even if it means taking calculated risks. The text provides examples of successful companies that have thrived by embracing change and pushing the boundaries of what is possible.

4. The final section discusses the importance of continuous learning and development for all employees. It suggests that organizations should provide opportunities for training, workshops, and conferences to keep their workforce up-to-date with the latest industry trends and technologies. The author concludes by emphasizing that a commitment to learning is a key factor in long-term success and growth.