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29484

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

FILED JAN 27 1943  
Registration District No. 176

Primary Registration District No. 5238

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 116 days  
(Specify whether years, months or days)

In this community 116 days

3. (a) PRINT FULL NAME Dorothy Mae Albertson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / race White

5. Color or race \_\_\_\_\_

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

6. (b) Name of husband or wife William Albertson

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

7. Birth date of deceased: Oct. 28 1913  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>29</u>	<u>1</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Cornest Hart

13. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Palmer

15. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael Beard Clerk

(b) Address Mo. State Sanatorium Mt. Vernon Mo.

17. (a) Disinterred (b) Date thereof Dec 15 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Cem.

18. (a) Signature of funeral director H. O. Foubert

(b) Address Superior Mo.

19. (a) 12/12/42 (b) Andy Crawford  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Fairmount Station, Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 10518 E. Sixth St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11  
year 1942 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from August 18, 1942, to Dec 11, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pul. Hemorrhage  
Pulmonary Tuberculosis

Duration Over 7 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 13 lb

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 \_\_\_\_\_ (Specify type of place)

23. Signature Charles A. Brasher (Physician)  
Address Mt. Vernon, Mo. Date signed 12-11-42

1182

RECEIVED

District Health Officer No. 6,

District File Number 143-105

Date Filed JAN 25 1943

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.....

*H. D. Fossett*

Licensed Embalmer No.....

*2201*

P. O. Address.....

*121 Vernon St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.