

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

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Harrisonville  
(c) Name of hospital or institution 1005 West Mechanic  
(d) Length of stay: last 10 years in County  
In this community: \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass  
(c) City or town Harrisonville  
(d) Street No. 1005 W. Mechanic  
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) Martha Ann Albertis  
FULL NAME

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

4. Sex Fe 5. Color of hair Wh 6. (a) Single, 1 divorced, M  
6. (b) Name of husband or wife Edward W. Albertis 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan 27 1884  
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name John Andrew Burton

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

14. Maiden name Mary Hodgerson

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

16. (a) Informant Edward W. Albertis

(b) Address Harrisonville, Mo

17. (a) Burial (b) Date thereof 5/9/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cem.

18. (a) Signature of funeral director Ed Harrison  
(b) Address Harrisonville, Mo

19. (a) May 8, 1943 (b) Margaret Velle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day Seventh  
year 1943 hour three minute Five A. M.

21. I hereby certify that I attended the deceased from Apr. 11  
1943 to May 7, 1943.

that I last saw her alive on May 6, 1943.

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Carcinoma of Lung

with metastasis

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)

(e) Means of injury \_\_\_\_\_

23. Signature Paul Green (M. D. or other) D.O.

Address Harrisonville, Mo Date signed 5/8/43

Duration Has been receiving treatment for this condition  
The patient for Dr. Hunt  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MAY 21 1918

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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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Floyd Atkinson

Licensed Embalmer No.

3920

P. O. Address

Harrisonville

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.