

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20762

State File No.

Registrar's No.

FILED JUN 10 1943

Registration District No.

Primary Registration District No. 4033

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Amoret  
(If outside city or town limits, write "RURAL" and name of township)  
at home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 86 years  
years, months or days

3. (a) PRINT FULL NAME Joseph B Albin

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Ada Alice Albin  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 22 1849  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
94 4 25 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Joseph B. Albin  
13. Birthplace Unk Unk  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Johnson  
15. Birthplace Lafayette Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruby Raybourne  
(b) Address Amoret Mo.  
17. (a) Burial (b) Date thereof 6-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill, Butler Mo.  
18. (a) Signature of funeral director Arden F Mangels  
(b) Address Amsterdam Mo.  
19. June 19-1943 (a) Viola L. Lilla  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Amoret  
(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? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
year 1943 hour 8:00 minute p/m.  
21. I hereby certify that I attended the deceased from March 15  
1943 19 to June 17, 1943  
that I last saw him alive on June 17, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Occlusion  
Due to Myocarditis  
Due to Arterio Sclerosis

Other conditions  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy  
93d

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 W. H. Schuster (M. D. or other) D.O.  
Address Amoret, Missouri Date signed 6-19-43

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

RECEIVED

District Health Officer No. 71

District File Number 5-43-599

Date Filed 6-29-43

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~~

working under my personal supervision.

Registered Apprentice No.

Signed

*L. A. Mangold*

Licensed Embalmer No. 3610

P. O. Address Amsterdam, 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, above space should be left blank.