

JUL 24 1943

128
210

Registration District No.

Primary Registration District No. **2000**

Registrar's No. **539**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **SPRINGFIELD**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1907 W. ATLANTIC**
(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 **DANIEL ALBERT**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ELIZABETH ALBERT** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **Sep 8 1868**
(Month) (Day) (Year)

8. AGE: Years **74** Months **9** Days **26** If less than one day hr. min.

9. Birthplace **Unk. ILL. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED PIPE FITTER**

11. Industry or business **R.R. SHOP WORKER**

12. Name **JACOB ALBERT**

13. Birthplace **Unk. ILL. /**
(City, town, or county) (State or foreign country)

14. Maiden name **RAE KAUFENBERGER**

15. Birthplace **Unk. UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **L.R. Mayford**

(b) Address **Sapulpa Okla**

17. (a) **Burial** (b) Date thereof **7-7-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlee**

18. (a) Signature of funeral director **J. W. Klingner & Co.**

(b) Address **Springfield, Mo.**

19. (a) **7-9-43** (b) **S. W. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **GREENE**
(c) City or town **SPRINGFIELD**
(If outside city or town limits, write "RURAL")
(d) Street No. **1907 W. ATLANTIC**
(If rural, give location)
(e) Citizen of foreign country? **NONE** (Yes or No)
If yes, name country **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4th**
year **1943** hour **9** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **1941**, 19 **to** **Present 7-4**, 19 **43**,
that I last saw him alive on **6-29-43**, 19 **43**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis & Decompensation**
Rheumatoid Arthritis
Duration **2 yrs 10 days**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations **934**

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 **J. W. Klingner & Co.** (M. D. or other)

Address **Springfield, Mo.** Date signed **7-9-43**

DEC 21 1944

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. B. Klinger

Licensed Embalmer No. 3358

P. O. Address.....

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.