

NOV 4 1943 280

Registration District No. 280

Primary Registration District No. 5961

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Rural
(c) Name of hospital or institution:
Rural Route # 1 East Leavenworth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 1 East Leavenworth
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA ELSIE FLORENTINE ALBRIGHT

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George W. Albright 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Nov. 18 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 11 2 _____ hr. _____ min.

9. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business at home

12. Name Henry Oberdiek
13. Birthplace Rising Sun Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Wilhemine Robker
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George W. Albright
(b) Address R.R. # 1 East Leavenworth

17. (a) Removal (b) Date thereof 10/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Leavenworth, Kansas

18. (a) Signature of funeral director J. C. Davis Und Co.
(b) Address Leavenworth, Kansas

19. (a) 10-20-43 (b) Mrs. Clay Riffe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1943 hour 9 PM minute _____ M.

21. I hereby certify that I attended the deceased from Aug 17 1943 to Oct 20 1943
that I last saw him alive on Oct 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia with

Due to being confined to bed
and coughing
Due to lung disease
and pneumonia
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131F
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) (c) Means of injury _____

23. Signature M. J. Morrow MD (If D. or other) _____
Address 335 5th St. Leavenworth signed Oct 21/43

RECEIVED

District Health Officer No. Platte
District File Number 11-43-95
Date Filed 11-2-43

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.....

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

Signed.....

Licensed Embalmer No.....

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.