

No. 2
2-43
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3618

State File No. 1-

FILED FEB 9 1944

Registration District No. 222

Primary Registration District No. 4333

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution:
No street numbers
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Clarksburg
(If outside city or town limits, write "RURAL")

(d) Street No. No street numbers
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Ann Albin

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased August, 17th, 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>4</u>	<u>26</u>	hr. min.

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

10. Usual occupation At home

11. Industry or business --

MOTHER, FATHER {

12. Name George W. Albin

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

14. Maiden name Unknown

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

16. (a) Informant Cahs. E. Albin

(b) Address Clarksburg, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 1/15/44
(Month) (Day) (Year)

(c) Place: burial or cremation New York

18. (a) Signature of funeral director Jennie G. Richards
Tipton, Mo.

(b) Address Tipton, Mo.

19. (a) 1-15-1944
(Date received local registrar)

(b) Jennie M. Needels
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th.
year 1944 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from December 28 1943 to January 13 1944
that I last saw h. alive on January 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration 16 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

108

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?

While at work? 2
(Specify type of place) (e) Means of injury

23. Signature G. H. Knapp (Name or other) D.O.
Address Clarksburg, Mo. Date signed 1-13-44

737 (Licensed Embalmer's Statement on Reverse Side)

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

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

James E. Richards

Licensed Embalmer No. 2466

P. O. Address. Tipton, 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, fact should be so stated above.