

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3884

State File No.

Registration District No. 234

Primary Registration District No. 5925

Registrar's No. 36

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RURAL ROUTE No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 YEARS (Specify whether years, months or days)
In this community 53 YEARS

3. (a) PRINT FULL NAME WILLIAM ALBERS

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

4. Sex MALE 5. Color or Race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife CHRISTENE WILHEMINE 6. (c) Age of husband or wife if alive 12 years (Month) (Day) (Year)
7. Birth date of deceased 12 (Month) 1860 (Day) (Year)

8. AGE: Years Months Days If less than one day
83 1 9 hr. min.

9. Birthplace MORGAN CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name UNKNOWN
13. Birthplace UNKNOWN (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 FRED ALBERS

(b) Address RED #1 SEDALIA

17. (a) BURIAL (b) Date thereof 1-24-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Gilliespie

(b) Address SEDALIA MO

19. (a) 1/22/44 (b) Malvina Berger
(Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL ROUTE No. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 21ST
year 1944 hour 2 minute 15 M.

21. I hereby certify that I attended the deceased from 12-29 1944 to 1-21 1944
that I last saw him alive on 1-19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
93d
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) (e) Means of injury

23. Signature J. W. Boyer (M. D. or other)
Address Sedalia Mo Date signed 1-22-44

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

1822

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

2-4-44

JAN 17 1945

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 _____

L. E. Bouldin

Licensed Embalmer No. _____

3867

P. O. Address _____

Seaside, 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.