

V. S. No. 2
OOM-2-43
Rev. 5-17-39
P-I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37985

State File No.

FILED DEC 11 1944

Registration District No. 5584

Primary Registration District No. 5584

Registrar's No. 237

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Avilla - Mc Donald twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 16 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Avilla
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME AMELIA MELINDA ALBERT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Geo. Albert

6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased: JULY 14 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>4</u>	<u>19</u>	hr. min.

9. Birthplace Clifty, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Frank Schubert

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

14. Maiden name Sarah Chambers

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

16. (a) Informant Almon Guinn

(b) Address Avilla, Missouri

17. (a) Burial (b) Date thereof 11-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) Nov. 3 '44 (b) E. Elizabeth Cooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 2, year 1944 hour 8: minute 00 A.M.

21. I hereby certify that I attended the deceased from 3 to 10 April 1944
3 to 10 Aug. 1944
that I last saw him alive on Aug. 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus Duration 1 year

Due to

Due to

Other conditions 46
(Include pregnancy within 3 months of death)

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?

(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 0

23. Signature Geo. H. Slaughter (M. D. or other) M.D.
Reeds, Mo. Address Reeds, Mo. Date signed 11-3-44

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

7-1000

44-12-966

FEB 24 1955

FEB 24 1955

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 Ed Miller

Licensed Embalmer No. 2222

P. O. Address Carthage

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.