S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40919

Registration District No. 71 — Primary Registration District No. 301-25288 — Registrar's No. 170

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural, Washington
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM HENRY ALBRIGHT

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

4. Sex M 0
5. Color or race W
6. (a) ~~Single~~, widowed, married, divorced Married 1
6. (b) Name of husband or wife Urania D. Albright
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) 1 (Day) 1867 (Year)

8. AGE: Years 77 | Months 9 | Days 9 | If less than one day hr. min.

9. Birthplace Ray County (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name Patterson Albright
13. Birthplace South Carolina 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Patton
15. Birthplace Unknown 0 (City, town, or county) (State or foreign country)

16. (a) Informant Jas. D. Sexton
(b) Address Lawson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12 '44 (Month) (Day) (Year)
(c) Place: burial or cremation Lawson Cemetery
18. (a) Signature of funeral director Jarman, Prichard
(b) Address Lawson Missouri
19. (a) 12-12-44 (Date received local registrar) (b) Mrs Sadie Redmond (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1944 hour 8:50 minute A.M.

21. I hereby certify that I attended the deceased from Dec. 1, 1944, to Dec. 10, 1944;
that I last saw him alive on Dec. 10, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Chronic Myocarditis
& Essential Hypertension
Due to Senility & generalized arteriosclerosis.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

23. Signature Chetus E Buchner (M. D. or other)
Address Lawson Date signed 12/11/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-9-45

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 Earl Rapp

Licensed Embalmer No. 8458

P. O. Address Ex. Springs 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.