

FILED JAN 16 1948
 Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 376

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Levering Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Minnie Albright

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Albright 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 24, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business XX

12. Name Hugh Jeffries

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

14. Maiden name Lucy Snodgrass

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

16. (a) Informant Mrs. Mary Fletcher

(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 11/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetary Cem.

18. (a) Signature of funeral director Wm. M. Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 11/28-44 (b) W. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion (c) City or town Hannibal
(If outside city or town limits, write "RURAL")
 (d) Street No. 2020 Owens Avenue
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
 year 1944 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 10
 1944 to Nov. 26, 1944
 that I last saw her alive on Nov 26, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure from stomach
 Due to possibly gastric ulcer
 Duration 4 days
15 days

Other conditions: extensive herpes zoster - 15 days
(Include pregnancy within 3 months of death)
on right side of chest

Major findings: _____
 Of operations: _____
 Of autopsy: 117a
 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 W. Connor (M. D. or other) _____
 Address Hannibal Mo Date signed 11-27-44

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

434

MOTHER FATHER

11/26

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 George T. Bond

Licensed Embalmer No..... 4373

P. O. Address Hannibal Missouri

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.