

FILED SEP 4 1945

Primary Registration District No. 2000

915

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 521 No. 11 St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Albert E. Albin

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 Sarah E.

6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased Aug 15 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 10
If less than one day hr. min.

9. Birthplace Albany Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired laborer

11. Industry or business

12. Name Henry Albin

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

14. Maiden name Catherine M. Row

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

16. (a) Informant Mrs Glenn Nisbett

(b) Address Maitland, Mo.

17. (a) Burial (b) Date thereof 8-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Flemon & Son Inc

(b) Address St Joseph, Mo

19. (a) 8-28-45 (b) Albert E. Albin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 521 No 11 St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1945 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr 12 45 to Aug 24 45
that I last saw him alive on Aug 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to

Due to

Other conditions arteriosclerotic gangrene
(Include pregnancy within 6 months of death) 2 mo

Major findings: Of operations

Of autopsy 97

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 W. H. Hall (M. D. or other)

Address St Joseph, Mo Date signed 8/28/45

1377 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

Robert L. Yaple

Licensed Embalmer No.

3308

P. O. Address

St Joseph, 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.