DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41556

State File No.

FILED JAN 08 1946

Registration District No. 108

Primary Registration District No. 4257

Registrar's No. 7-

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Leeton
(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 (Specify whether
In this community 1 week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Chilhowee 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) 0

If yes, name country

3. (a) PRINT FULL NAME Francis Marion Albin

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nancy R.

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

7. Birth date of deceased Sept. (Month) 1 (Day) 1863 (Year)

8. AGE: Years 82 | Months 3 | Days 18 | If less than one day ___ hr. ___ min.

9. Birthplace Chillicothe (City, town, or county) Ohio (State or foreign country) /

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name James Albin
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Julia A. Cramlett
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Guy McReynolds /
(b) Address Chilhowee, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg, Mo.

18. (a) Signature of funeral director J. W. Cook
(b) Address Chilhowee, Mo.

19. (a) 12/21/45 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1945 hour 3 minute 15 A M.

21. I hereby certify that I attended the deceased from Sept. 1945 to Dec 1945
that I last saw him alive on Dec 18 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic nephritis	10 yrs
Due to arterial sclerosis of renal arteries	
Due to	
Other conditions (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? (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 E N Robinson (M. D. or other) D.O.
Address Chilhowee, Mo. Date signed 12/20/45

1418

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4335

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.