

FILED FEB 37 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 3023

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
628 W. Allen  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 yrs  
years, months or days

3. (a) PRINT FULL NAME Stirling Albin

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ida Albin 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased: 11 9 1801  
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 22 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation saw mill operator

11. Industry or business \_\_\_\_\_

12. Name Stirling Albin  
13. Birthplace Not known 4  
(City, town, or county) (State or foreign country)

14. Maiden name not known  
15. Birthplace Safayette Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mar Ida May Albin  
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 1 2 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bethlehem Cem

18. (a) Signature of funeral director Fred Wilkinson  
(b) Address Clinton Mo

19. (a) 1-2-1946 (b) R. R. Kennedy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 628 W. Allen  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1  
year 1946 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from 12-23 1945 to 1-1 1946  
that I last saw him alive on 12-31 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pronounced pneumonia & dex.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 E. C. Bell  
Address Clinton Mo Date signed 1-2-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Disposal Certificate No. 7,

Disposal Number 1-46-23

Date filed 2-5-46

**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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.