

FILED FEB 11 1946

Registration District No. 155

Primary Registration District No. 5578

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Wells City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural Jasper Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 YRS. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Dr. A. Albert
3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Albert 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec 25 1875
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Kane (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business R. R. Co.

12. Name Wilson Albert

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

14. Maiden name Permonie Clock

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

16. (a) Informant Mrs. Dr. Albert

(b) Address R#1, Wells City, Mo.

17. (a) Usual (Burial, cremation, or removal) (b) Date thereof Jan 22 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Deak Memorial Park

18. (a) Signature of funeral director Wells City, Mo.

(b) Address Wells City, Mo.

19. (a) JAN 22; 4 (Date received local registrar) (b) A. H. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Wells City (If outside city or town limits, write "RURAL")
(d) Street No. R#1 (If rural, give location) Jasper Hosp
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1946 hour 11:15 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 13 1946, to Jan 19 1946 that I last saw him alive on Jan 19 1946; and that death occurred on the date and hour stated above.

Immediate cause of death coronary arteriosclerosis

Due to impingement

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none

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?

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

23. Signature [Signature] (M. D. or D. O.) 100
Address Wells City, Mo Date signed 1-22-46

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

1400

49

50

0

State File No. 3005

46-1-15

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.