

Registration District No. 179

Primary Registration District No. 5-6684288

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Lincoln
 (b) City or town Moscow Mills Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community... 9 months
years, months or days)3. (a) PRINT FULL NAME RONSA DORATHA ALBERS

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Karl 6. (c) Age of husband or wife if

7. Birth date of deceased Sept 4 1883
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 4 8 hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name August John Puls13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Sophia Puls15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Karl D. Albers(b) Address Moscow Mills Mo.17. (a) Burial (b) Date thereof Jan 14 46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Anderson Hill Cem18. (a) Signature of funeral director Wayne McCoy(b) Address Troy Mo.19. (a) 1-17-1946 (b) Ms. EMMA B. RIDDLE
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57
 (c) City or town Moscow Mills Mo.
 (If outside city or town limits, write "RURAL")

(d) Street No. 6
(If rural, give location)(e) Citizen of foreign country? (Yes or No) 0

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1946 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from June
 1945, to Jan 12, 1946
 that I last saw h. 9 alive on Jan 12, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis ✓ 2 yrs.
 Duration

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) (c) Means of injury

23. Signature J. C. Cerech (M. D. or other)Address Troy Mo Date signed 1/17/46

(Licensed Embalmer's Statement on Reverse Side)

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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. *35896*

P. O. Address..... *Tray mo*

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Feb

Registration District No. 179

Primary Registration District No. 2288 5668

Registrar's No.

2

1. PLACE OF DEATH:

- (a) County Lincoln
(b) City or town Mascan Mills
(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
years, months or days)3. (a) PRINT
FULL NAMERoscoe O. Albers

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex 7 5. Color or race W
6. (a) Single, widowed, married,
divorced M

6. (b) Name of husband or wife
6. (c) Age of husband or wife
alive

7. Birth date of deceased Sept 4
(Month) (Day) (Year)

8. AGE: Years Months Days
62
hr. min.

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

10. Usual occupation

11. Industry or business

- MOTHER { 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

- (c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) Mr. Emma B. Riddle
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day 4
year 1947 hour 4 minute 15 M.

21. I hereby certify that I attended the deceased from 1947 to 1947
that I last saw him alive on 1947 and that death occurred on the date and hour stated above.

- Immediate cause of death

- Duration

- Due to Carcinomatosis

- Due to Adeno-Carcinoma of Ovaries (Clinical Gynecology)

- Other conditions.
(Include pregnancy within 3 months of death)

- Major findings:
Of operations not operated

- Of autopsy no

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 J. B. Loecher (M. D. or Registrar) MD
Address 7204 NO Date signed 7/13/46

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