

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12199**

FILED MAY 2 1946

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **453**

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:
2410 Circle Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Not**
In this community **53 years 4 months 14 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Paul Sherwood Albus**

3. (b) If veteran, name war **World War #1**
3. (c) Social Security No. **495-01-6861**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Edith Unknown**
6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **November 18 1892**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 4 14 hr. min.

9. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business **Swift & Co.**

12. Name **Joseph Albus**

13. Birthplace **Leavenworth Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Janot Miller Sherwood**

15. Birthplace **Troy Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Albus**

(b) Address **2410 Circle Drive, St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **4/6/1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Auburn Cemetery**

18. (a) Signature of funeral director **Walter H. Schaeffer**

(b) Address **1302 Farson, St. Joseph, Missouri**

19. (a) **April 22, 1946** (b) **W. M. Toothaker**
(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. **2410 Circle Drive**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **2nd**.
year **1946** hour **7** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **4** to **4 1/2** 19**46**
that I last saw him alive on **4 1/2** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage left hemisphere possible hypertension (no history of such)**
Due to **possible hypertension (no history of such)**
Due to **possible hypertension (no history of such)**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **83**
Of autopsy **83**

22. If death was due to external causes, fill in the following:

(c) 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 **6**

23. Signature **W. M. Toothaker** (M.D. or other)
Address **W. M. Toothaker, 1302 Farson, St. Joseph, Mo.** Date signed **4/2**

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

11108

MAY 7 1946

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 Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri

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.