

STANDARD CERTIFICATE OF DEATH

State File No. 17233

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town CANTON Canton
(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 years, months or days) Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
(c) City or town Canton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 808 Lewis 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME EMMA WILHELMENA ALBERTY

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Henderson Alberty 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Oct 11 1890
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 30 1944 to May 24 1946
that I last saw him alive on May 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage 12 hrs

8. AGE: Years 75 Months 7 Days 13 If less than one day hr. min.

Due to Carcinoma

Due to.....

9. Birthplace Louis Co Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings: Of operations.....

11. Industry or business.....

Of autopsy.....

12. Name Gottlieb Heithold 4

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name HANNA LANDWEHT MERTZ

15. Birthplace Germany 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louise Overgo 1
(b) Address CANTON Missouri

17. (a) Burial (b) Date thereof 5/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CANTON MISSOURI

18. (a) Signature of funeral director E. J. Barkley

(b) Address Canton, Mo

19. (a) 5-27-46 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

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 9

23. Signature W. B. Dodson (M. D. or other) DO
Address Canton, Mo. Date signed 5/25/46

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

MOTHER, FATHER

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN

Underline the cause to which death should be charged statistically.

161

JUL 24 1946

RECEIVED

District Health Officer No. 10

District File Number 6-46-112

Date Filed JUN 13 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 Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.

Registration District No. 178

Primary Registration District No. 4281

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(a) County Lewis
(b) City or town Canton
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME

Emma W. Alberty

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased Oct 11 (Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days _____ (Less than one day) hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (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 _____ Year 1946 hour _____ minute _____ M. 24

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him live on _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to Carcinoma of head & jaws

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 46g

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) (y) Means of injury _____

23. Signature W. B. Dodson (M. D. or other) DO
Address _____ Date signed 6/17/46

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

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

76114

JUL 24 1945

17233