

FILED MAY 16 1946

Registration District No. 324

Primary Registration District No. 6093

1. PLACE OF DEATH:

(a) County Selling
(b) City or town Marshall - Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State School - 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs - 7 mos. 4 days
(Specify whether
In this community yes
years, months or days)

3. (a) PRINT FULL NAME FRANCES - IRENE - ALBIN

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Jan - 12 - 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 3 8 hr. min.

9. Birthplace Chilhowee - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Chas Albin
13. Birthplace Chilhowee - Mo
(City, town, or county) (State or foreign country)
14. Maiden name Edith Riddle
15. Birthplace Chilhowee Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Records State School
(b) Address Marshall - Mo

17. (a) Burial (b) Date thereof Apr - 24 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Presbyterian Church, John Co - Mo

18. (a) Signature of funeral director Harry Herschberger
(b) Address Marshall - Mo
19. (a) 4-20-46 (b) Mrs. I. C. Bethune
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 1944 to April, 1946
that I last saw her alive on April 20 (20), 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis lungs Duration about 24 yrs.

Due to —
Due to —

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

Major findings: 15/15
Of operations —
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?

(Specify type of place)
While at work? — (e) Means of injury —
23. Signature P. R. Keely (M. D. —)
Address Marshall - Mo Date signed 4/20/46

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

5-15-46

4 Hospital 114
oil 30
bar 86
50

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

Harry Hershberger

Licensed Embalmer No.

4357

P. O. Address

Marshall 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.