

FILED JUL 29 1946

Registration District No. _____

Primary Registration District No. 1000

Registrar's No.

823

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:
Missouri Methodist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
In this community 3 days

3. (a) PRINT FULL NAME

Celia Frances Albright

3. (b) If veteran,

name war No

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 Jewel M. Albright 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept. 24, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 10 14 hr. min.

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

10. Usual occupation Beauty Operator

11. Industry or business

12. Name Reuben Crystal

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

14. Maiden name Bahaba Burk

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

16. (a) Informant Burnace Axlund

(b) Address Wathena, Kansas

17. (a) Burial (b) Date thereof 7-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belmont Cem.

18. (a) Signature of funeral director W. L. Dedder

(b) Address Wathena, Kans

19. (a) July 22, 1946 (b) W. J. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan
(c) City or town Wathena
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1946 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from 15 July, 1946, to 18 July, 1946
that I last saw her alive on 18 July, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Pelvis Duration 3 days
Due to auto accident

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 1900-8
Of autopsy 21

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 Ket by Car
(b) Date of occurrence 15 July 1946
(c) Where did injury occur? Wathena Doniphan Kansas
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street
While at work? no (Specify type of place) (e) Means of injury Ket by Car

23. Signature W. J. Miller (M. D. or other)
Address 825 Charles St. Wathena Date signed 18 July 1946

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(Licensed Emballer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

P. O. Address.....

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.