

33041

State File No. \_\_\_\_\_

Registrar's No. 135

FILED NOV 71  
 Registration District No. 71

Primary Registration District No. 3012

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
102 Myrtle /  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Excelsior Springs /  
(If outside city or town limits, write "RURAL")

(d) Street No. 102 Myrtle /  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Walter Albright

3. (b) If veteran, name war No

3. (c) Social Security No. 496-26-8145

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14  
 year 1946 hour 4:30 minute 00 AM

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Albright

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased September 8 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 5 1946 to Oct 14 1946  
 that I last saw him alive on Oct 13 1946  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

68	1	6	hr. min.
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Immediate cause of death Delayed  
left heart  
maligant hypertension  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Duration 2 days  
 ?

9. Birthplace Ray County Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Merchant

Major findings: 95C  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

11. Industry or business Grocery

12. Name Jerry Albright

13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Edann Teegarden

15. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Albright

(b) Address Excelsior Springs, Missouri

17. (a) Burial (b) Date thereof 10-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place? burial or cremation Old Union Cemetery  
Claude, Prichard

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Excelsior Springs, Missouri

19. (a) 10/20/46 (b) Caroline Nuthman  
(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) (e) Means of injury

23. Signature W. H. Boyd (M. D. or other) \_\_\_\_\_  
 Address Excelsior Springs Date signed 10-19-46

RECEIVED

District Health Officer No. 3,

District File Number.....

Date Filed ..... 11-2-46 .....

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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..... *E. E. White*.....

Licensed Embalmer No. *4168*.....

P. O. Address *Seelys Spring, 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.