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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43289**
Registrar's No. **151**

FILED DEC 30 1946

Registration District No. **360**

Primary Registration District No. **3076**

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

1. PLACE OF DEATH:

(a) County Vermon

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

(c) Name of hospital or institution:
307 East Ashland St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community 40 years
years, months or days

3. (a) PRINT FULL NAME Earnest Stanley Albert

3. (b) If veteran name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Aphelia Albert

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: April 20 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 19 If less than one day hr. min.

9. Birthplace: Dadora Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Locomotive

11. Industry or business

MOTHER FATHER

12. Name Frank Albert

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

14. Maiden name Luella Bird

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

16. (a) Informant Ophelia A. Albert

(b) Address 307 East Ashland St. Nevada Mo

17. (a) Burial (b) Date thereof 12-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerwood Cemetery

18. (a) Signature of funeral director Wags Funeral Service

(b) Address Nevada Mo

19. (a) 12-23-46 (b) Richard J. Janczy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vermon

(c) City or town Nevada
(If outside city or town limits, write "RURAL")

(d) Street No. 307 East Ashland Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1946 hour 3 minute 20 PM

21. I hereby certify that I attended the deceased from Nov. 18 1946 to Dec. 10 1946
that I last saw him alive on Dec 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis with terminal uremia

Due to

Duration 3 weeks

Due to

Other conditions: Hypertension
(Include pregnancy within 3 months of death)

Major findings: 132B

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)

Address Nevada Mo Date signed 12-12-46

531

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT HEALTH OFFICE NO. 7
DISTRICT HEALTH OFFICE NO. 7
DATE FILED 12-23-47

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 Alfred J. Taylor
Licensed Embalmer No. 1968
P. O. Address Nevada 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.