

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 12 1947  
251

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14390  
Registrar's No. 83

Registration District No. 251

Primary Registration District No. 5851

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Skidmore, Mo. "Rural" Green  
(c) Name of hospital or institution:  
2 1/2 Miles N. E. Skidmore, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. - - - - -  
(Specify whether  
In this community. 34 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74  
(c) City or town Skidmore,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 1/2 Miles Northeast. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. None

3. (a) PRINT HELENA SCHIEFERDECKER ALBRIGHT  
FULL NAME

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 Married  
6. (b) Name of husband or wife Henry Louis Albright, 6. (c) Age of husband or wife if alive 88 years  
7. Birth date of deceased November 27, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 4 19 hr. - - - min.

9. Birthplace Cedar Rapids, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name William Schieferdecker  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gill  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry L. Albright  
(b) Address Skidmore, Mo.

17. (a) Burial (b) Date thereof Apr. 19, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Burr Oak Cemetery

18. (a) Signature of funeral director Price Funeral Home  
(b) Address 120 East 1st Maryville, Mo.

19. (a) 4/28/47 (b) Bess Holt  
(Date received local registrar) (Registrar's signature) 770

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16,  
year 1947 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from Day of Death, 19...;  
that I last saw him alive on, 19...;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Duration

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
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 D. B. Perry (M. D. or other) MD  
Address Mowing City Mo Date signed 4-27-47

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

*John W. Price*

Licensed Embalmer No.

4281

P. O. Address.....

*Maryville 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.