

FILED MAY 16 1947

Registration District No. 157

Primary Registration District No. 7528

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Chithage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCurie Brooks Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME

Nara Alberty

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 widow
6. (b) Name of husband or wife John Alberty 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 4-1899 (Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 0 If less than one day hr. 0 min. 0

9. Birthplace Newton Co, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Samuel Cockrell 17

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

14. Maiden name Editha Nepprest 9

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

16. (a) Informant Mrs Velma Hasselburg 8

(b) Address Barcoie Mo

17. (a) Burial (b) Date thereof 4-26-47 (Month) (Day) (Year)

(c) Place: burial or cremation VanBuren Cem

18. (a) Signature of funeral director Jackson & Sons

(b) Address Barcoie Mo

19. (a) 4-28-47 (b) R.B. Clinton (Date received local registrar) (Registrar's signature) 1512

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
(c) City or town Rural, Lardie Lumph (If outside city or town limits, write "RURAL")
(d) Street No. Lardie Lumph (If rural, give location)
(e) Citizen of foreign country? 9 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th
year 1947 hour 6 minute 45P. M.

21. I hereby certify that I attended the deceased from 12-17-1947 to 4-23-1947.
that I last saw him alive on 4-23-1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of intestine & uterus Duration 1 year

Due to

Due to

Other conditions 48B
(Include pregnancy within 3 months of death)

Major findings: metastatic ca. of intestines

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 MBH (M. D. or other)

Address Barcoie Mo Date signed 4-24-47

47-4-408

JUL 1 1947

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 me

....., Registered Apprentice No.,
working under my personal supervision.

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address. Larcayne 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.