

FILED AUG 1 1947

Registration District No. 178

Primary Registration District No. 4281

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town CANTON CANTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
(c) City or town CANTON 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME HENDERSON DAVIS ALBERTY

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife EMIMA Heithold 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 6 1863 (Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 18 If less than one day hr. _____ min. _____

9. Birthplace LA GRANGE MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business Candy + Confectionery

12. Name John Alberty

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

14. Maiden name Martha Odell

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

16. (a) Informant Edwin H. Alberty

(b) Address CANTON Mo.

17. (a) Burial (b) Date thereof 7/26/47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CANTON Mo.

18. (a) Signature of funeral director Ed H. Buckley

(b) Address Canton, Mo.

19. (a) 7/26/47 (b) Ed Jennings (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1947 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from Nov. 1 1945 to July 24 1947 that I last saw him alive on July 24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF JAW WITH METASTASIS TO NECK. Duration 2yrs.

Due to _____
Due to _____
Other conditions NONE (Include pregnancy within 3 months of death) 45B

Major findings: CARCINOMA OF JAW
Of operations _____
Of autopsy NONE

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? C
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Haudes Y Davis (M. D. or other) MD
Address Canton Mo Date signed July 25 47

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

6

AUG 8 1947

RECEIVED
District Health Officer No. 10
District File Number 7-47-911
Date Filed JUL 30 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.....

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

Signed Carl H. Barkley

Licensed Embalmer No. 2615

P.O. Address Canton, 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.