S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37485

FILED DEC 6 1947

Registration District No. 47 — Primary Registration District No. 316 — Registrar's No. 259

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

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 1 day (Specify whether
In this community: 22 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole 26 0
(c) City or town: 6 Miles East on 50 Highway (If outside city or town limits, write "RURAL")
(d) Street No.: Jefferson City Mo. (If rural, give location) RFD 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Emily Nancy Albertal
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Fred
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: May 27 1891 (Month) (Day) (Year)

8. AGE: Years 56 | Months 5 | Days 29 | If less than one day ... hr. ... min.
9. Birthplace: Lake Charles La. (City, town, or county) (State or foreign country) 1
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name: Fannie Conn
15. Birthplace: Texas (City, town, or county) (State or foreign country) 1
16. (a) Informant: Fred Albertal
(b) Address: Jefferson City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cemetery
18. (a) Signature of funeral director: Victor Buescher
(b) Address: Jefferson City, Mo
19. (a) 11-26-47 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 26, year: 1947 hour: 11 minute: 30 A.M.
21. I hereby certify that I attended the deceased from Jan 1, 1947 to Nov 26, 1947 that I last saw her alive on Nov 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary acclusion	few hrs
Due to: Hypertensive cardiovascular disease	years
Due to:	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	year

Major findings:
Of operations:
Of autopsy: 6

PHYSICIAN
Underline the cause of 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: 0
23. Signature: Dean C Taylor (M. D. or other) MD
Address: Jefferson City Date signed: 11-26-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed DEC 5 1957
DEC 23 1957

MAY 31 1956

MAY 31 1956

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 A. E. Trentzel Jr., Registered Apprentice No. 80, working under my personal supervision.

Signed Victor Bueschu

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.