

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 19 1947

STANDARD CERTIFICATE OF DEATH

State File No. 37506
Registrar's No. 13

Registration District No. Primary Registration District No. 4140

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community, lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MILLER

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME MARTHA ELLen ALBERTSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married
2 Widowed

6. (b) Name of husband or wife Tommy ALBERTSON

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Nov 20 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>11</u>	<u>12</u>	<u>✓</u> hr. _____ min

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

10. Usual occupation HOUSEWIFE

11. Industry or business Home

12. Name WILLIAM THACKBURN

13. Birthplace MILLER Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH SELLARS

15. Birthplace MILLER Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant OLLIE SWEENEY

(b) Address EUGENE Mo

17. (a) BURIAL (b) Date thereof 11-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EUGENE - Cem

18. (a) Signature of funeral director W. H. M. King

(b) Address ELDON Mo

19. (a) November 3-47 (b) M. P. Kellogg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
year 1947 hour 1 minute A M.

21. I hereby certify that I attended the deceased from July
1940 to Nov 20 1947
that I last saw her alive on Oct 31 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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)

23. Signature M. E. Humphreys or other DO

Address Tusculum Mo Date signed 11-3-47

Duration

years

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 18 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 Keith M. Rays
Licensed Embalmer No. 3998
P. O. Address Eldon 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.