

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40796**
Registrar's No. **1824**

FILED JAN 2 1948

Registration District No. **3002**

Primary Registration District No. **3002**

Registrar's No. **1824**

1. PLACE OF DEATH:

(a) County **ANDRAIN**
(b) City or town **MEXICO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **GENERAL HOSPT. O**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 DAYS**
(Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME **MARVIN ARLOW ALBIN**

3. (b) If veteran, name war. ☒ 3. (c) Social Security No. **✓**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **LULA MAY ALBIN** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **AUG 7, 1894**
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **8** If less than one day hr. min.

9. Birthplace **ELKHART Co. IND. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

12. Name **MARION ALBIN**

13. Birthplace **IND. /**
(City, town, or county) (State or foreign country)

14. Maiden name **JESSIE HOLBERT**
(State or foreign country)

15. Birthplace **IND. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS ROY HUFFMAN**

(b) Address **PARIS, Mo.**

17. (c) **BURIAL** (b) Date thereof **DEC. 18, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE**

18. (a) Signature of funeral director **Speed & Blakey**

(b) Address **PARIS, Mo.**

19. (a) **12/18/47** (b) **Blanche Neely**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONROE 69**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **15 MI. S. W. OF PARIS Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **15**
year **1947** hour **8:40** minute **25** P. M.
21. I hereby certify that I attended the deceased from **Nov 30**
1947 to **Dec 15** **1947**
that I last saw him alive on **Dec 15**
and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary Embolism**
Duration **6 min.**

Due to **Coronary heart disease** 14 years

Due to _____

Other conditions: **Hypertension**
(Include pregnancy within 9 months of death)

Major findings: **g h A**
Of operations: _____
Of autopsy: _____
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? _____ (c) Means of injury **2**
23. Signature **H. L. Swan** (Seal of physician) **H. L.**
Address **1005 N. Lane, Paris, Mo.** Date signed **12-15-47**

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

DEC 8 1947

RECEIVED
District Health Officer No. 10
District File Number 18-47-1838
Date Filed DEC 31 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.....

A. B. Blakey

Licensed Embalmer No. ~~2410~~ 2616

P. O. Address. PARIS, 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. "