

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15422

State File No.

FILED JUN 1 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 577

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr-1mo-19days
(Specify whether years, months or days) 1yr 1mo 19 days

3. (a) PRINT FULL NAME ELLA ALBRECHT

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 Married
6. (b) Name of husband or wife John Albrecht 6. (c) Age of husband or wife if alive 22 years
Birth date of deceased June 22 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 29 If less than one day
✓ 71 10 29 hr. min.

9. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name No facts
13. Birthplace No facts
(City, town, or county) (State or foreign country)
14. Maiden name No facts
15. Birthplace No facts
(City, town, or county) (State or foreign country)

16. (a) Informant John Albrecht

(b) Address 3445 Paseo K.C. Mo.

17. (a) Removal (b) Date thereof 5/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion, Mo.

18. (a) Signature of funeral director Walter Bowman

(b) Address St. Joseph, Mo.

19. (a) 5-24-48 (b) W. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Hanson City
(If outside city or town limits, write "RURAL")
(d) Street No. 3445 Paseo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1948 hour 90 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 9 1947 to May 21 1948
that I last saw her alive on May 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration

Due to Diabetic Mellitus Diabetes

Due to

Other conditions Longtime left foot
(Include pregnancy within 3 months of death)

Major findings:
Of operations 6

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. B. Jenkins (M. D. or other)
Address St. Joseph, Mo. Date signed 5/22/48

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.....

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th, St Joseph, 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.