

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1948

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 15964

Registrar's No. 428

1. PLACE OF DEATH

(a) County Springfield
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 days
(Specify whether
In this community 61 years
years, months or days)

3. (a) PRINT FULL NAME Minnie E Albers

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

4. Sex Female 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John D Albers 6. (c) Age of husband or wife if alive No years
7. Birth date of deceased Feb 27 1887
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 4 If less than one day
hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name James Yates
13. Birthplace North county Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sara Birth
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Fred I Bungamer

(b) Address 823 E Page

17. (a) Burial (b) Date thereof 5-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webster

18. (a) Signature of funeral director W. E. G. G. G.

(b) Address Marshall

19. (a) 5-23-48 (b) W. E. G. G. G.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Webster
(c) City or town North View
(If outside city or town limits, write "RURAL")
(d) Street No. 112
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 21
year 1948 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from 12-27 to 5-21 1948
that I last saw him ET alive on 5-21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction 3 mo
Due to Coronary Insufficiency 5 mo

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?

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

23. Signature E. E. G. G. G. Address Springfield, Mo. Date signed 5-23-48

SEP 30 1948

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. 3315

P. O. Address March 1949

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.