

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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

FILED NOV 5 1948

STANDARD CERTIFICATE OF DEATH

32480

State File No.

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Dunklin

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

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

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot

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

(d) Street No. Essex Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Robert Lynn Albright, Jr.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced X

6. (b) Name of husband or wife X

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

7. Birth date of deceased October 17, 1948
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 1

If less than one day hr. _____ min. _____

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

10. Usual occupation X

11. Industry or business X

12. Name Robert Albright, Sr.

13. Birthplace Puxico, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lois Brewer

15. Birthplace Steele, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Albright

(b) Address Steele, Mo.

17. (c) Removal (b) Date thereof 10/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director H. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 10-24-1948 (b) Carl H. Hunsbarger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1948 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from 10-17, 1948, to 10-18, 1948
that I last saw him alive on 10-18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 10/10

Major findings: Of operations 10/10

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 10

23. Signature G. W. Wilson (M. D. or other MD)

Address Kennett Mo Date signed 10-24-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2

District File Number 1148-1407

Date Filed 11-1-48

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.....

Body was not embalmed, Registered Apprentice No.
working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Bartholomew, 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.