

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 29 1948
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5668

33450

State File No.

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural E. Ark
(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)
(d) Length of stay: In hospital or institution: 5 yr.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ELEANOR MARIE ALBERS

3. (b) If veteran, name was none
3. (c) Social Security No. none

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Herman J. Albers 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased: Nov 11 1887
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business:

12. Name Joseph Hardnecker
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emma Frederick
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Herman J. Albers
(b) Address Moscow Mills Mo

17. (a) Rural (b) Date thereof 10-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cem

18. (a) Signature of funeral director Wayne M. E. Coy
(b) Address Troy Mo.

19. (a) 10-19-48 (b) Emma B. Riddle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles South of Moscow Mo
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1948 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov 49 to Oct 1948
that I last saw him alive on 10/15 and that death occurred on the date and hour stated above.
Duration 1 year.

Immediate cause of death Uterine Carcinoma

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 H. C. Mc Murray (M. D. or other) M.D.
Address Whiteville, Mo Date signed 10/7/48

RECEIVED
DISTRICT HEALTH OFFICER No. 9,
DISTRICT FILE NUMBER
Date Filed OCT 28 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.....

Wayne McCoy

Licensed Embalmer No. *3586*

P. O. Address *Troy 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.