

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33699**

FILED NOV 3 1948

Registration District No. **274**

Primary Registration District No. **5935**

Registrar's No. **296**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia - Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community **Life**
years, months or days

3. (a) PRINT FULL NAME **MRS. CLARA ALBERS**

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

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Fred J.** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **December 25, 1898**
(Month) (Day) (Year)

8. AGE: Years **49** Months **9** Days **15** If less than one day hr. _____ min. _____

9. Birthplace **Sedalia - Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Claus Grother**

13. Birthplace **Benton County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Hinks**

15. Birthplace **Benton County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred J. Albers**

(b) Address **R. R. #1, Sedalia, Missouri**

17. (a) **Burial** (b) Date thereof **10-12-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **DW Schacht**
SEDALIA, MO Sedalia, Mo.

(b) Address _____

19. (a) **10-12-48** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia - Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural Route #1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **10**
year **1948** hour **12** minute **22 AM**

21. I hereby certify that I attended the deceased from **APRIL 1948** to **Oct 10 1948**
that I last saw her alive on **Oct 10** and that death occurred on the date and hour stated above.
Immediate cause of death **Pulmonary embolism** Duration **1 hour**

Due to **Coronary thrombosis** (11 months)

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **940**

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 **DW Schacht** (M. D. or _____)

Address **Sedalia MO** Date signed **10-11-48**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-25-48

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 Frank S. Coffman Jr.
Licensed Embalmer No. 4559
P. O. Address Sedalia, 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.