No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 20 1948

Registration District No. 77

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 35977

Registrar's No. 252

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospitol 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks (Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Osage 76
(c) City or town Loose Creek 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hubert John Albauer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Christina Kremer

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April (Month) 17 (Day), 1877 (Year)

8. AGE: Years 71 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Loose Creek (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer retired

11. Industry or business

FATHER
12. Name Herman Albauer 0
13. Birthplace Loose Creek (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Anna Nilges
15. Birthplace Loose Creek, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. H. J. Albauer
(b) Address Loose Creek, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Loose Creek, Mo.

18. (a) Signature of funeral director Clyde Morton
(b) Address Linn, Mo.

19. (a) 11-12-48 (Date received local registrar) (b) R. P. Darris MD (Registrar's signature)
Norma Fischer D.P.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 th. year 1948 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from Aug, 1946, to Nov. 11, 1948; that I last saw him alive on 11-10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	4 years
Due to	
Due to	
Other conditions Cardiac Decompensation (Include pregnancy within 3 months of death)	6 mo.

Major findings:
Of operations
Of autopsy 9 3D

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? (e) Means of injury 0

23. Signature L. D. Kleffer (M. D. or other)
Address Jefferson City, Mo. Date signed 11-11-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number NOV 19 1948
Date Filed

NOV 13 1953

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.