

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 24 1949

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>77</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>30 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1104 N. 18th Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harlan</u> b. (Middle) <u>Samuel</u> c. (Last) <u>Albin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 15 1949</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 12, 1886</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Spees Vinigar Works</u>		11. BIRTHPLACE (State or foreign country) <u>Holton, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Samuel C. Albin</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Meeks</u>		14. NAME OF HUSBAND OR WIFE <u>Dollie Albin</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>491-10-1504</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dollie Albin</u> ADDRESS <u>1104 N. 18th Street St. Joseph, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Disease, Coronary Nephro-Sclerosis</u> DUE TO (c) <u>42011</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia Hypostatic</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>6 weeks</u> <u>10 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>U</u>				
22. I hereby certify that I attended the deceased from <u>1-5-</u> , 19 <u>49</u> , to <u>1-15-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-14-49</u> , 19 <u>49</u> , and that death occurred at <u>7:40 A.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. C. Senn</u> <u>M.D.</u>				23b. ADDRESS <u>267 P+S Bldg St. Joseph</u>		23c. DATE SIGNED <u>1-15-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 17, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan 20, 1949</u>		REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u>		ADDRESS <u>1946 Colhoun St. St. Joseph, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~by~~

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.