

FILED DEC 27 1949

STANDARD CERTIFICATE OF DEATH

State File No. **41686**Registrar's No. **131**

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5725		State File No. 41686		Registrar's No. 131	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Macon					
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Hudson				c. CITY (If outside corporate limits, write RURAL and give township) Rural - Hudson					
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 miles. SW of Macon, Mo.				d. STREET ADDRESS (If rural, give location) 3 1/2 miles SW of Macon, Mo.					
3. NAME OF DECEASED (Type or Print) William Ahlbom				a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Nov. 25, 1949				a. (Month)		b. (Day)		c. (Year)	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Mar. 19, 1877		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mine operator		10b. KIND OF BUSINESS OR INDUSTRY Coal mining		11. BIRTHPLACE (State or foreign country) Higbee, Mo.				12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Ahlbom				13b. MOTHER'S MAIDEN NAME Ella Horton				14. NAME OF HUSBAND OR WIFE Addie Ahlbom	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. *****		17. INFORMANT'S SIGNATURE OR NAME Mrs. Addie Ahlbom ADDRESS Macon, Mo.			
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) Coronary Arteriosclerosis ANTECEDENT CAUSES Chronic Myocarditis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Aug 20, 1948 to Nov 25, 1949 , that I last saw the deceased alive on Nov 25, 1949 , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree of title) W. B. Bledsoe M.D.				23b. ADDRESS Macon, Mo.				23c. DATE SIGNED 11/28/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/27/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive		24d. LOCATION (City, town, or county) (State) Macon Mo.			
DATE REC'D BY LOCAL REG. 12/9/49		REGISTRAR'S SIGNATURE W. B. Bledsoe		FUNERAL DIRECTOR'S SIGNATURE Albert S. Skinner		ADDRESS Macon Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

MS JUN 29 1960

RECEIVED

12/13/49

MACON COUNTY HEALTH DEPARTMENT

County File No. 12/49/59

Date Filed 12/23/49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.