

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16622**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2106	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		c. LENGTH OF STAY (In this place) 27 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 1606 Belmont	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1606 Belmont				3218			
3. NAME OF DECEASED a. (First) August			b. (Middle) H.		c. (Last) Albers		4. DATE OF DEATH (Month) (Day) (Year) May 8, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 11, 1892	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME John Albers			13b. MOTHER'S MAIDEN NAME Dora Shornharst		14. NAME OF HUSBAND OR WIFE Minnie Albers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-01-1649		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Albers 1606 Belmont K.C. 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema				INTERVAL BETWEEN ONSET AND DEATH 6 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic Myocarditis		5 yrs.	
				DUE TO (c) Bronchial Asthma		9 yrs.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				2417	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Abbeville City			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 47, 1910 to May 8, 1950 , that I last saw the deceased alive on May 1, 1950 , and that death occurred at 12:24 m. , from the causes and on the date stated above.							
23a. SIGNATURE S. J. Sulkowski (Degree or title)				23b. ADDRESS 00-1601 Belmont		23c. DATE SIGNED 5/8/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/9/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 5-8-50		REGISTRAR'S SIGNATURE Rosaline Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons 4139 Truman Rd.			

WRITE PLAINLY—USING UNFADEING 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

William F. Eaves

Licensed Embalmer No. *4728*

P. O. Address _____

N.C. 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.