

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33962
State File No. 4050

FILED OCT 20 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 21038	
c. LENGTH OF STAY (In this place) 30 years		d. STREET ADDRESS (If rural, give location) 1218 Brook Creek Blvd	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) GAIL	b. (Middle) ALBORN	c. (Last) Wood	4. DATE OF DEATH (Month) (Day) (Year) Sept 19 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 21 - 1902	9. AGE (In years last birthday) 49	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOONKEEPER	10b. KIND OF BUSINESS OR INDUSTRY SAM MILLER MOTOR CO.	11. BIRTHPLACE (State or foreign country) Missouri, City Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ANDREW R. ALBORN	13b. MOTHER'S MAIDEN NAME FRANCES E MITCHELL	14. NAME OF HUSBAND OR WIFE M.M. Wood
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 496-01-8296	17. INFORMANT'S SIGNATURE OR NAME MR M M Wood	ADDRESS 1218 Brook Creek Blvd
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hr
	ANTECEDENT CAUSES Asorbic conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct. 10, 19 44, to Sept. 19, 1951, that I last saw the deceased alive on Sept. 19, 19 51, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE George C. Lee MD (Degree or title)	23b. ADDRESS 1103 Grand Ave. K. C. Mo.	23c. DATE SIGNED 9/20/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT. 22 - 1951	24c. NAME OF CEMETERY OR CREMATORY MISSOURI CITY CEMETERY	24d. LOCATION (City, town, or county) (State) MISSOURI CITY MISSOURI
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DATE REC'D BY LOCAL REG. 9-22-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer's Sons	ADDRESS 1331 Brook Creek Kansas City, Mo.
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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, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Raymond F. L. ...*
Licensed Embalmer No. *4266*

P. O. Address *Kansas City, 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.