

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **11132**  
 Registrar's No. **28**

FILED APR 3 1943  
 Registration District No. **280**

Primary Registration District No. **5958**

1. PLACE OF DEATH:

(a) County **Platte County, Mo.**  
 (b) City or town **Rural**  
 (c) Name of hospital or institution: **-**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **-**  
 In this community **-**  
 years, months or days

3. (a) PRINT FULL NAME **Frank E. Alber**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **9**

6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **29** years (Day) (Year)

7. Birth date of deceased **April 29 1919**  
 (Month) (Day) (Year)

8. AGE: Years **23** Months **11** Days **5** If less than one day hr. min.

9. Birthplace **Unknown** (City, town, or county) (State or foreign country)

10. Usual occupation **US Army Pilot (Commercial Photographer)**

11. Industry or business **-**

12. Name **N. Ray Alber**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **\*\*\*\*\*** (City, town, or county) (State or foreign country)

16. (a) Informant **Sherman Field**  
 (b) Address **Ft Leavenworth Kansas**

17. (a) **Removal** (b) Date thereof **3/4/43**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ft Leavenworth Kansas**

18. (a) Signature of funeral director **Sexton Undertaking Leavenworth, Kansas**  
 (b) Address **3-8-43**  
 19. (a) **3-8-43** (b) **Mrs Clay Hiffie**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Oregon** (b) County **-**  
 (c) City or town **Oswego**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **50 North Shore Road**  
 (If rural, give location)  
 (e) Citizen of foreign country? **-** (Yes or No)  
 If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4**  
 year **1943** hour **11** minute **05 A. M.**

21. I hereby certify that I attended the deceased from **-** to **-**, 19**43**

that I last saw him alive on **-**, 19**43**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **crushing injuries of skull, chest, upper & lower extremities**

Due to **airplane crash**

Due to **-**

Other conditions **-**  
 (Include pregnancy within 3 months of death)

Major findings: Of operations **-**

Of autopsy **-**

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) **accident**  
 (b) Date of occurrence **March 4, 1943**

(c) Where did injury occur? **Platte County, Mo**  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**farm**

While at work? **yes** (Specify type of place) (e) Means of injury **-**

23. Signature **Dr. M. Diamond, Capt. M.C**  
 Address **Sherman Field** Date signed **3-4-43**

RECEIVED

District Health Officer No. Platts

District File Number 4-43-33

Date Filed 4-2-43

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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

*Charles L. Sexton*

Licensed Embalmer No.

3003

P. O. Address

*Leicester 165*

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.