S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33832

State File No. ____

FILED NOV 10 1945

Registration District No. ____ Primary Registration District No. 4251 2500 3

Registrar's No. 154

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural Blairstown Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 18 yrs. in Chilhowee (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Chilhowee 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Harriett Melissia Albin
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Daniel Albin
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased March (Month) 25 (Day) 1859 (Year)

8. AGE: Years 86 Months 6 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Ross Co. (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business X
MOTHER FATHER
12. Name Issac Hough
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Roy Albin
(b) Address Blairstown, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/45 (Month) (Day) (Year)
(c) Place: burial or cremation Carpenter Ceme.
18. (a) Signature of funeral director J.W. Cook
(b) Address Chilhowee, Missouri.
19. (a) Oct 9-45 (Date received local registrar) (b) R.R. Kenny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5 year 1945 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 25 1945 to Oct 5 1945 that I last saw her alive on Oct 5 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure	
Due to Myocardial insufficiency	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 2 cc	
Of autopsy	

PHYSICIAN — 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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury?

23. Signature E.N. Robinson (M. D. or other) D.O.
Address Chilhowee Mo Date signed 10/6/45

1452 (Licensed Embalmer's Statement on Reverse Side)

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 J. W. Cook

Licensed Embalmer No. 4335

P. O. Address Chilhowee, 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.