

FILED MAR 1 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6841
Do not use this space.

1. PLACE OF DEATH

(a) County IRON Registration District No. 392
 (b) Township Acadia 3 Primary Registration District No. 4287 Registered No. 5
 (c) City FRONTON 0 (d) Street No. 5340B St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

416 MARGARET ELEMANTINE ALBERT
 (a) Residence, No. FRONTON Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN ALBERT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 15, 1865

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
74 8 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DUNKLIN COUNTY MISSOURI

FATHER 13. NAME WILLIAM HENDRIX

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER 15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MR B M SHIDLER FRONTON Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE K.P. CEMETERY DATE FEB. 6 1940

19. FUNERAL DIRECTOR (ADDRESS) LEUCKEL FUNERAL SERVICE FRONTON Mo

20. FILED Feb 6 1940 R J Effner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4th 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11th 1939 to Feb. 4th 1940
 I last saw her alive on Feb. 4th 1940. Death is said to have occurred on the date stated above, at 7:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset 2/1/40
Broncho-Pneumonia (new-phlegmatis)
 Other contributory causes of importance: Hypertensive Heart Disease cerebral hemorrhage Sept 14/39 (stroke)

Name of operation none Date of none
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R E Garland, M. D.
 (Address) Fronton, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WHITE EMBALMERS WITH ON-PAIDING INK—THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Geo. P. Luchel

Licensed Embalmer No. 3475

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.)