

JAN 20 1941

Registration District No. **471**

Primary Registration District No. **4284**

Registrar's No. **40**

055  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Pierce City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
301 Commercial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 60 yrs \_\_\_\_\_  
years, months or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence  
(c) City or town Pierce City  
(If outside city or town limits, write "RURAL")  
301 Commercial  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
0  
(e) If foreign born, how long in U. S. A.? 67yrs \_\_\_\_\_ years.

MEDICAL CERTIFICATION

Dec 20

20. DATE OF DEATH: Month Dec day 20  
year 1940 hour 1 P.M. minute 10 M.

21. I hereby certify that I attended the deceased from Dec. 17/40  
\_\_\_\_\_ 19\_\_\_\_ to Dec. 20 1940  
that I last saw her alive on Dec. 20 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Insufficiency 10 yrs

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

422 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify means of injury) \_\_\_\_\_

23. Signature Charles Moore (M. D. or other) \_\_\_\_\_  
Address Pierce City Mo date signed Dec 20/40

3. (a) PRINT FULL NAME Amelia Pauline Albert

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. X

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Frederic Leopold 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased Aug. 22 1857  
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ebinstock Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Edward Schmidt

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

14. Maiden name Caroline P. Homan

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

16. (a) Informant Fred Albert

(b) Address Pierce City Mo.

17. (a) Burial (b) Date thereof 12/22/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetary

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Pierce City Mo.

19. (a) Dec. 21 (b) E. B. Wright  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6,

District File Number 141-96

Date Filed JAN 11 1949

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Richard O. Keeney

Licensed Embalmer No. 9822

P. O. Address: Perse 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, above space should be left blank.