

No. 2  
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17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28369

FILED SEP 16 1941  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 5440

Registrar's No. 704A

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
MEDICAL CENTER FOR FEDERAL PRISONERS  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 Yrs. 5 Mos. 1 Day.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Territory: Alaska

(a) State Alaska (b) County None

(c) City or town Yukatat  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALBERT, Richard

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28,  
year 1941 hour 4: P. M. minute 05 P. M.

4. Sex Male 4

5. Color or race Indian

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased: July 3, 1906  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 27, 1939 to August 28, 1941; that I last saw him alive on August 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of respiratory system.

Duration 7 Yrs. Plus.

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>1</u>	<u>25</u>	hr. _____ min. _____

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

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

9. Birthplace Dry Bay, Alaska  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Trapper

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

12. Name Richard David Albert

13. Birthplace Dry Bay, Alaska  
(City, town, or county) (State or foreign country)

14. Maiden name Fannie (?) Albert

15. Birthplace Dry Bay, Alaska  
(City, town, or county) (State or foreign country)

16. (a) Informant Deceased

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Sept 11, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Thieme

(b) Address Spfld. Mo.

19. (a) 9-11-41 (b) W. E. Handley M.D.  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature E. A. Carberry (M. D. or other)

Address E. A. Carberry, Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

A. A. S. 74-01-0102

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3B

**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..... *R.H. Heine* .....

Licensed Embalmer No. *3681* .....

P. O. Address *Springfield, 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.**