

5. No. 2
1-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40910

State File No.

FILED DEC 29 1942
Registration District No. 46

Primary Registration District No. 5568

Registrar's No. 309

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural - Blue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lillian Nursing Home #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL.")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Roxie Albright

3. (b) If veteran,

name war no.

3. (c) Social Security

No. none

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

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

7. Birth date of deceased Dec - 17 - 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 11 11 hr. min.

9. Birthplace Fosteria Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name John Mowen

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

14. Maiden name Mary Josephine DeHill

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

16. (a) Informant Loy F. Rosendine

(b) Address 912 Baltimore N.C. Mo.

17. (a) Burial (b). Date thereof Dec 1 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c). Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Ellen Klegent

(b) Address Raytown Missouri

19. (a) 11-30-42 (Date received local registrar) J. L. Haffner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
1942 year hour 9 minute 17 M.

21. I hereby certify that I attended the deceased from
Nov 1 1942 to Nov 28 1942

that I last saw her alive on 11-28-42 and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Pneumonia

Due to Acute Involuntism

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?

While at work..... (Specify type of place) (e) Means of injury.....

23. Signature J. L. Haffner (M. D. or other).....

Address Raytown Mo Date signed 11-30-42

1163

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.....

E. Clark Hight

Licensed Embalmer No. 3983

P. O. Address Raytown, 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.