

FILED JAN - 6 1943

Registration District No. 337

Primary Registration District No. 6139

Registrar's No. 121

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

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: Birney
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Martha Albright

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

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 March 15th 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82	9	5	hr. min.
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9. Birthplace Macon Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Van Patton

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

14. Maiden name Jane Fifer

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

16. (a) Informant Mrs John Edwards

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 12/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarence, Mo.

18. (a) Signature of funeral director William + Barkley

(b) Address Clarence Mo

19. (a) Jan 4, 1943 (b) Madge Lloyd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Clarence
(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: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1942 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction

Due to: Arteriosclerosis

Due to: _____

Other conditions: 92 lb
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

Duration _____

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) (Means of injury)

23. Signature Frank R Roy (M. D. or other) _____
Address Clarence Date signed 12/24/42

RECEIVED

District Health Officer No. 10

District File Number 1-43-4134

Date Filed Jan 5-1943

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 Henry A. Barkley
Licensed Embalmer No. 3835
P. O. Address Shelburn, 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.