

FILED JUN 1944
Registration District No. 2385

Primary Registration District No. 3039

Registrar's No. 30

1. PLACE OF DEATH:
(a) County dinn
(b) City or town Marceline
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 46 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Pinn 58
(c) City or town Marceline (If outside city or town limits, write "RURAL") 1
(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 Henry Disney
(b) If veteran, name war _____
(c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month may day 5
year 1944 hour 41 minute 30 P.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Mabel Judd Disney
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased march 17 1877
(Month) (Day) (Year)

I hereby certify that I attended the deceased from April 12 1944 to may 5 1944
that I last saw him alive on may 5 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 1 18 hr. _____ min.

Immediate cause of death: Chronic myocarditis, with initial regenerative at least 20 years duration. Cardiac failure with uraemia terminal.
Due to _____
Due to _____

9. Birthplace Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation machinist

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 93d
Of autopsy _____

11. Industry or business _____
12. Name Olyah Disney
13. Birthplace ky
(City, town, or county) (State or foreign country)
14. Maiden name nancy mullis
15. Birthplace ky
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Mabel Disney
(b) Address Marceline mo
17. (a) Burial (b) Date thereof (Month) (Day) (Year) _____
(c) Place: burial or cremation mt Olivet Cemetery

(Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature John W. Coker (M. D. or other) _____
Address Marceline mo Date signed 5/9/44

18. (a) Signature of funeral director James M. ...
(b) Address Marceline mo
19. (a) 5/9/44 (b) P.S. Patrick
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 Dele Bunch
Licensed Embalmer No. 4088
P. O. Address Marcelino Ma

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.