S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6447

Registration District No. 164 Primary Registration District No. 5 6201 Registrar's No. 14

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town (Rural) Warrensburg, Mo.
(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 40 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Johnson 51
(c) City or town (Rural) Warrensburg 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #4. 0
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Kirkham Albin.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Lizzie Albin.
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Jan. (Month) 30. (Day) 1864 (Year)

8. AGE: Years 81 Months 0 Days 2 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Indiana. 1 (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business
FATHER
12. Name James Albin.
13. Birthplace unknown (City, town, or county) Indiana 1 (State or foreign country)
MOTHER
14. Maiden name Julia A. Kirkham.
15. Birthplace unknown. 9 (City, town, or county) (State or foreign country)
16. (a) Informant Lizzie Albin.
(b) Address Warrensburg. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cem.
18. (a) Signature of funeral director Sweeney Phillips.
(b) Address Warrensburg, Mo.
19. (a) Feb 4, 1945 (Date received local registrar) (b) Leola M Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1945 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 1937 to 2-2, 1945
that I last saw him alive on Feb 2, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	1 hr
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Phil Cooper (M. D. or other) MD
Address Warrensburg Mo Date signed 2-6-45

1001

(Licensed Embalmer's Statement on Reverse Side)

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrenburg

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.