

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED OCT 10 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30833

State File No. _____

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
323 King St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 4 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")
(d) Street No. 323 King St 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nettie Jane Albin

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Wm. Albin 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 19 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 24 If less than one day
.....hr.min.

9. Birthplace Johnson Co Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Home

12. Name Issac Shumate

13. Birthplace Unknown Unknown 7
(State or foreign country)

14. Maiden name Mary Skidmore

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

16. (a) Informant Wm. Albin

(b) Address Warrensburg Mo.

17. (a) Burial (b) Date thereof 9-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sutton Cem.

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) Sept 14 1945 (b) Leola M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1945 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 3
1945 to Sept 13 1945
that I last saw her alive on Sept 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Refrigerated domestication / Calen 24 hrs.

Due to Chs. dim tuberculosis 10 years

Due to Chs. enteritis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1200
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 W. J. Payne M.D. (M. D. or other)
Address Warrensburg Mo. Date signed 9-14-45

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

APR 30 1952

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. Warrensburg 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.