

S. No. 2
MOM-8-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED DEC 12 1945 STANDARD CERTIFICATE OF DEATH

State File No. **37988**

Registration District No. **224**

Primary Registration District No. **5796**

Registrar's No. **19**

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

1. PLACE OF DEATH:

(a) County Moniteay

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteay

(c) City or town Clarksburg Rural
(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 _____

3. (a) PRINT FULL NAME ADA LEE ALBERT

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 12 (12)
year 1945 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1
15 to Nov 12, 1945
that I last saw her alive on Nov 11, 1945
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife William D Albert 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: Feb 27 1896
(Month) (Day) (Year)

Immediate cause of death Diphtheria Mellitus
Laryngitis of sup.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>9</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Louise Tolter

13. Birthplace Cooper Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Alpha Bohlin

15. Birthplace Cooper Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Steubing

(b) Address 1201 Ashen K.E. Mo.

17. (a) Burial (b) Date thereof Nov 14 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT Pleasant Cem.

18. (a) Signature of funeral director Hugh E. Hillman

(b) Address California Mo.

19. (a) 11-20-45 (b) H.R. Popsev
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 61

Of autopsy _____

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) (b) Means of injury 2 D.O.

23. Signature H. H. Deussen (M.D. or other) D.O.

Address California Date signed 11/19/45

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-10-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.