

FILED SEP 10 1946

STANDARD CERTIFICATE OF DEATH

State File No. 29406

Registration District No. 373

Primary Registration District No. 6265

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Webster  
(b) City or town Northview  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether)  
In this community 70 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112  
(c) City or town Northview 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. X (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME John Deidrich Albers

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

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

6. (b) Name of husband or wife Minnie Albers 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January - 21 - 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 7 no X hr. X min.

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

10. Usual occupation Farmer + Stockman

11. Industry or business Farm

12. Name John Henry Albers

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

14. Maiden name Winnifred Cassel

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

16. (a) Informant Mrs. Fred Bumgarner (daughter)

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 8-25-46  
(Burial, exhumation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Welch

18. (a) Signature of funeral director for Fanning

(b) Address Marshfield, Mo.

19. (a) 9/3/46 (b) J. H. Fanning  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21  
year 1946 hour 8 minute pi. M.

21. I hereby certify that I attended the deceased from 12/7/45 1945 to 8/18/46 1946  
that I last saw him alive on 8/18/46 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis - Mercurial 5 Days

Due to Carcinoma of Mandible 18 Mos.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 45d  
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) (M. D. or other)

23. Signature R. H. Ficht (M. D. or other) MD.  
Address Springfield Mo Date signed 8/28/46

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

CO 2

CO 10

RECEIVED

District Health Officer No. 6,

District File Number 946-936

Date Filed SEP 9 - 1946

SEP 30 1948

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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 *[Signature]*

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.