. S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41560

FILED DEC 26 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5245

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 645 Garfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 645 Garfield 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Rebecca Ann Albin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Jacob H. Albin

6. (c) Age of husband or wife if alive * years

7. Birth date of deceased 9 (Month) 20 (Day) 1857 (Year)

8. AGE: Years 90 Months 2 Days 21 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Brayles
13. Birthplace No Record 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record 1
15. Birthplace No Record 5 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ed Basye 1
(b) Address 645 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn

19. (a) 12-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th.
year 1947 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from November 27, 1947 to Dec 11, 1947
that I last saw her alive on December 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia and Chronic Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 d

Of autopsy no

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 0

23. Signature E H Kelly (M. D. ~~or other~~)

Address 402 Wabash Date signed 12/12/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Kelley

402 Wabash

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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address 918 Brooklyn

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.