

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 26763
Registrar's No. 3268

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1062		Registrar's No. 3268		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF TIME (in this place) 10 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				e. STREET ADDRESS (If rural, give location) 515 Brighton Avenue 3018				
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Joseph c. (Last) Albrecht			4. DATE OF DEATH (Month) (Day) (Year) July 27, 1956					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 10, 1877		
				9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Santa Fe R.R.		11. BIRTHPLACE (City and State or Foreign Country) Offalon, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Joseph Albrecht			13b. MOTHER'S MAIDEN NAME Otelia Link		14. NAME OF HUSBAND OR WIFE Rosa A. Albrecht			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. 709-18-863		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosa A. Albrecht 515 Brighton K.C. Mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral artery thrombosis left hemisphere 4 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral artery arteriosclerosis DUE TO (c) generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 33 2/3	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from Jan, 1955 , to July 27, 1956 , that I last saw the deceased alive on July 27, 1956 , and that death occurred at 4:20 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE K. W. Shireman (Degree or title) Med. D.				23b. ADDRESS 4606 St John K C Mo		23c. DATE SIGNED 7-27-56		
24a. BURIAL CREMATION (Specify) Burial		24b. DATE July 27, 1956		24c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery		24d. LOCATION (City, town, or county) (State) Norborne, Missouri		
DATE REC'D BY LOCAL REG. 7-28-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons 4139 Truman Rd. K.C. Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *James W. Page*

Licensed Embalmer No. *462*

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.