

37365

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 8 1942
 Registration District No. 165

Primary Registration District No. 4253

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Johnson
 (b) City or town Chilhowee
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 30 years
 years, months or days)

3. (a) PRINT FULL NAME

Waniel Lee Albin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie M. Albin

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March 31 1857
 (Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 1
 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business

12. Name James Albin
 13. Birthplace unknown Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Roy Albin
 (b) Address Blainston, Mo.

17. (a) Burial (b) Date thereof 11-3-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carpenter

18. (a) Signature of funeral director J. W. Cook
 (b) Address Chilhowee, Mo.

19. (a) 10-1-42 (b) Mrs. P. H. Cook
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
 (c) City or town Chilhowee
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
 year 1942 hour 2 minute 15 M.

21. I hereby certify that I attended the deceased from Oct 31
1942 to Oct 31, 1942
 that I last saw him alive on Oct 31, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to Hemorrhage

Due to 830

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

Major findings: _____
 Of operations _____

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)

(e) Means of injury _____

23. Signature E. N. Robinson (M. D. or other) D.O.

Address Chilhowee, Mo. Date signed Nov. 1, 42

Duration

16 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-4-42.....

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. 4335

P. O. Address Chilhowee, 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, above space should be left blank.