

BUREAU OF THE CENSUS
FILED JUN 10 1947

State File No. _____

Registration District No. 116

Primary Registration District No. 3026

Registrar's No. 84

1. PLACE OF DEATH

(a) County Franklin

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

(c) Name of hospital or institution St. Francis - Washington Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether)

In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dascoade

(c) City or town Rural Bland
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Minnie J Albright

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1947 hour 9 minute 30 A.M.

4. Jemile 5. Color or White

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

6. (b) Name of husband or wife Arthur Albright

6. (c) Age of husband 78 years
alive 20 years

7. Birth date of deceased Aug 20 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 2, 1947, to May 29, 1947,
that I last saw her alive on May 27, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ascending colon with Metastases

Due to _____

Due to _____

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

Major findings: Of operations None

Of autopsy None

8. AGE: Years 78 Months 9 Days 9
If less than one day hr. _____ min. _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Allison

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

14. Maiden name FRANCIS FITZGERALD

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

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? _____

(Specify type of place) _____

(e) Means of injury _____

16. (a) Informant Dr. Arthur Albright

(b) Address Bland Mo

17. (a) Burial (b) Date thereat May 31 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cal Joint

18. (a) Signature of funeral director Baron Funeral Service

(b) Address Bland Mo

19. (a) 6/1/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) [Signature]

Address [Address] Date signed 5-29-47

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

36
6
2

RECEIVED
District Health Officer No. 9,
Date Filed JUN 9 1947
Certificate File Number

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 Chester Sarrinam
Licensed Embalmer No. 4178
P. O. Address Bland

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.