

FILED JAN 5 1945
224

41647
State File No.
Registrar's No. 230

Registration District No. 224

Primary Registration District No. 3046

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 80 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California
(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 11

3. (a) PRINT FULL NAME Mary Ellen Albee

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife John P.H. Albee 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Feb 1854
(Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Robert Cunningham

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

14. Maiden name Martha Parker

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

16. (a) Informant Robert P. Albee

(b) Address California Mo

17. (a) Buried (b) Date thereof 12/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flag Springs

18. (a) Signature of funeral director Tom Williams

(b) Address California

19. (a) 12-11-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9
year 1944 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-2-1944 to 12-9-1944
that I last saw her alive on 12-9-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 4 days

Other conditions Chronic Talonary heart trouble
(Include pregnancy within 3 months of death)

Major findings:
Of operations 108

Of autopsy

Due to

Due to

Other conditions

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 H.R. Popejoy (M. D. or other)

Address California Mo Date signed 12-11-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 1-4-45

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 W.E. Freedmeyer

Licensed Embalmer No. 2854

P. O. Address California 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.