CERTIFIED COPY

Void if Altered or Erased

RECORD OF A DEATH

Full name Albert F. Sears

Place of death PORTLAND

Social Security No. ____

Name of hospital or institution 552 Cumberland Ave
(If not in hospital or institution, write street number or location)

Length of stay: In hospital or institution ____

In this community 2½ yrs

Usual residence of deceased: State Me

County Lincoln

City or town Waldoboro

Street and No. ____

If veteran, name war ____

Sex M Color W Married, single, widowed, divorced W

Name of husband or wife ____

Age of husband or wife, if alive ____

Birth date of deceased: Year 1854 Month 1 Day 4

Age: Years 91 Months 4 Days 29

If less than one day ____ hrs. ____ min.

Birthplace Abbot, Me
(City, town or county) (State or foreign country)

Usual occupation Farmer

Industry or business ____

Father: Name William Sears

Occupation ____

Birthplace Princeton, Me
(City, town or county) (State or foreign country)

Mother: Maiden name Edith Kirk

Birthplace Abbot, Me
(City, town or county) (State or foreign country)

Name of informant Willis Coombs

Date of death: Month 6 Day 3 Year 1945

Immediate cause of death Uremia

____

____

____ Duration 15 days

Due to hypertrophy of prostate

senility

Other conditions ____

Major findings: Of operations ____

____

Of autopsy ____

____

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

Accident, suicide, or homicide (specify) ____

Date of occurrence ____

Where did injury occur? ____

Did injury occur in or about home, on farm, in industrial place, in public place? ____

While at work? ____ Means of injury ____

Name of physician Jos. Cappello

P. O. Address PORTLAND

Place of burial Waldoboro, Me

Date of burial 6-6-45

Name of cemetery Rural

Funeral director (embalmer) H. W. Flanders

P. O. Address ~~PORTLAND~~ Waldoboro

Date when received by Town Clerk 6-4-45

State of Maine

I hereby certify that the above death record is correct to the best of my knowledge and belief.

A Edwin Smith

Clerk of PORTLAND, MAINE

137A

Form E3

A TRUE COPY ATTEST: Edson K Eldracke

STATE REGISTRAR

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES

Date August 20, 1979