

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 15 1949

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21769

Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 318
(b) Township 0 Primary Registration District No. 2001 Registered No. 545
(c) City Springfield (d) Street No. 415 W. Commercial St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1415 W. Commercial St. Springfield, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
✓ 64 4 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Mo.

FATHER 13. NAME Lafayette Abbott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

MOTHER 15. MAIDEN NAME Mary Finnan Simmons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Co. Mo.

17. INFORMANT (ADDRESS) H. A. Abbott Miller Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Linn County DATE 6-28-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morgan & Siman Miller Mo.

20. FILED June 27, 1940 W. E. Hurdley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26-1940

22. I HEREBY CERTIFY, That I attended deceased from 5/10/1940 to 6/26/1940

I last saw him alive on 6/25/1940 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

Edema of Lung
a pulmonary edema
Myocardial
Acute & Chronic
Chronic Myocarditis

Other contributory causes of importance:

Arterio Sclerosis
Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. S. Feller, M. D.

(Address) Springfield Mo.

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed

L. R. Seiman

Licensed Embalmer No. 3297

P. O. Address Millen 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.

X