

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24825
Registrar's No. 259

Registration District No. 125

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
433 rear N. Middle
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME John Wiley Abbott 130
3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Belle Abbott 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased June 1, (first) 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 0 If less than one day hr. ----- min. -----

9. Birthplace Brassau, Mo. Perry County 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer 9

11. Industry or business -----

12. Name John Wiley Abbott, Sr. 9
13. Birthplace Unknown

14. Maiden name Allice Ann Cook (State or foreign country)

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

16. (a) Informant Eddie Abbott (daughter)

(b) Address 433 rear N. Middle

17. (a) Burial (b) Date thereof Aug. 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont

18. (a) Signature of funeral director F. J. Sparks
(b) Address Cape Girardeau, Mo.

19. (a) 7-31-40 (b) John Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 433 rear N. Middle
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6-4-, 1940 to 7-30-, 1940
that I last saw him alive on 7-30-, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Apoplexy

Due to Apoplexy

Other conditions Apoplexy
(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?
121 (Specify type of place) (e) Means of injury -----

23. Signature W. A. King (M. D. or other) 1

Address 1711 Sprigg St Cape Girardeau Mo. Date signed 8-6-40

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

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.....

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

Signed Frank Sparks.....

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.