

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 239

1. PLACE OF DEATH:

- (a) County. Pettis
- (b) City or town. Sedalia
(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

In this community about 35 yrs (Specify whether years, months or days)

8. (a) PRINT

FULL NAME MARIE ABBOTT 130

9. (b) If veteran,

name war.

9. (c) Social Security

No.

4. Sex
- F

5. Color or

race Negro

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband
- John Abbott

6. (c) Age of husband
- 61
- years

7. Birth date of deceased

Sept31876

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

631024

hr. min.

9. Birthplace

Concordia

(City, town, or county)

Mo

(State or foreign country)

10. Usual occupation
- Housewife

11. Industry or business
- Self

12. Name
- Edward Boler

13. Birthplace
- Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name
- Tula Becker

15. Birthplace
- Morgan Co

(City, town, or county)

Mo

(State or foreign country)

16. (a) Informant
- Tula Fields

- (b) Address
- Sedalia

17. (a)
- Sedalia Mo

(Burial, cremation, or removal)

- (b) Date thereof
- July 20, 1940

(Month) (Day) (Year)

- (c) Place: burial or cremation
- Sedalia Mo

18. (a) Signature of funeral director
- F. D. Ferguson

- (b) Address
- Sedalia

19. (a)
- July 23, 1940

(Date received by registrar)

Mrs. Harry Sneed

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- MO

- (b) County
- Pettis

- (c) City or town
- Sedalia

(If outside city or town limits, write "RURAL")

- (d) Street No.
- 1414 N. Deane

(If rural, give location)

- (e) If foreign born, how long in U. S. A.?

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- July
- day
- 27

year 1940

hour

minute

M.

21. I hereby certify that I attended the deceased from
- 9/27

1940, to 7/27, 1940

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death thickened arteries

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

940

(Specify type of place)

While at work

(b) Means of injury

23. Signature
- Dr. V. E. Harvey

(M. D. or other)

Address Sedalia MoDate signed 27.40

JUL 25 1945

JUL 27 1945

RECEIVED
District Health Officer No. 8,
District File Number
PH-6-8
Date Filed

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, only

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

Signed F. D. Ferguson
Licensed Embalmer No. 2172
P. O. Address Sedalia

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 25967

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(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 _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Marie Abbott

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex 7

5. Color or
depo

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

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if
alive _____ years

7. Birth date of deceased Sept 3

(Month) (Day) (Year)

1876

8. AGE:

Years

Months

Days

If less than one day

69

64

10

24

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-16-1940

(Date received local registrar)

(b) Mrs. Harry Sneed

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

20. DATE OF DEATH: month July day 27
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
19 _____, to _____ 19 _____;
that I last saw him _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTAL

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

