

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34992

NOV 15 1940

Registration District No. 2

Primary Registration District No. 3009

Registrar's No. 317

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: 621 rear Good Hope St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)
In this community 50 years

3. (a) PRINT FULL NAME James Monroe Abbott

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 Cora Abbott 6. (c) Age of husband or wife if alive (dead) years
7. Birth date of deceased Dec. 25, 1854 (Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business -----

12. Name John Wiley Abbott
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Eddie Abbott
(b) Address Braun's Addition, Cape Girardeau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery

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

19. (a) 10-26-40 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape
(c) City or town Cape Girardeau Mo (If outside city or town limits, write "RURAL")
(d) Street No. 621 Rear Good Hope Street (If rural, give location)
(e) If foreign born, how long in U. S. A. 85 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26 year 1940 hour 6/30 minute P. 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 Unknown Duration -----
I Coroner E.R. Trickey after hearing the evidence in the case, find Due to that the deceased James Monroe Abbott came to his death by some Due to Unknown cause to me.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations -----
Of autopsy None

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 E.R. Trickey Coroner (M.D. or other) 5
Address H. S. Pacific St Cape Gir. Date signed Oct 26

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.