

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 5450

Registrar's No. 70

1. PLACE OF BIRTH:

(a) County Greene
(b) City or town Walnut Grove Mo Rr
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether)
In this community Lefetua
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME John H. Abbott

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Sarah Susan Treutham 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Nov-15-1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 16 If less than one day
hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business General farming

12. Name Unknown

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 W. W. Abbott

(b) Address Walnut Grove Mo

17. (a) Burial (b) Date thereof 11/2/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greene County

18. (a) Signature of funeral director Deane B. Moore

(b) Address Walnut Grove Mo

19. (a) Nov-1-1940 (b) Etta B. McClure
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1940 hour 8 minute 40 p. M.

21. I hereby certify that I attended the deceased on Apr 17 1940 only, that I last saw him alive on Apr 17 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
but had flu in April
and never fully recovered
Due to senility

Due to Been in poor health for months

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? _____

215 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature H. J. Verbit (M. D. or other) _____

Address Walnut Grove Mo Date signed Nov-1-40

RECEIVED

Greene County Health Office,

County File Number 40-12-102

Date Filed 11/13/40

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

J. B. Birch

Licensed Embalmer No.

3856

P. O. Address

Ash Grove, T

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, fact should be so stated above.