

Registration District No. 12d Primary Registration District No. 3009 Registrar's No. 371

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:
99th S. South Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 17 yrs. (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 99th S. Park
0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Chas. F. Abbatt
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Hattie Abbatt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3 28 1940
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Street Dept. City

11. Industry or business _____

12. Name Franklin Abbatt
Birthplace Ill 9
(City, town, or county) (State or foreign country)
Maiden name _____

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

16. (a) Informant Hattie Abbatt
(b) Address 99th S. Park

17. (a) Burial (b) Date thereof 11 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L. L. Homan
(b) Address 107 S. Sprigg St.

19. (a) 11-5-40 (b) Jan Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1940 hour 7/25 minute _____ M.
21. I hereby certify that I attended the deceased from Oct
20-1940, 19 _____ to Nov 4, 19 40
that I last saw him alive on Nov 4 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis 2 yrs

Due to _____
Due to 27
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be attributed 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? 121
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. W. Weir (M. D. or other) _____
Address 323 Belmont Cape Girardeau Date signed 11-5-1940

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

MOTHER FATHER

FILED DEC 11 1940

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 *Howard P. Haman*

Licensed Embalmer No. *4122*

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.