

STANDARD CERTIFICATE OF DEATH

State File No.

39234

Registration District No. 564

Primary Registration District No. 5758

Registrar's No. 14

1. PLACE OF DEATH:

- (a) County Miller
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME

NANCY CAROLINE ABBETT

3. (b) If veteran, name war
- none

3. (c) Social Security No.
- none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carroll Abbott 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Dec 5 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 11 30 hr. min.

9. Birthplace
- Iberia, MO
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Housekeeper
- 0

11. Industry or business

12. Name Joseph Denton 0
13. Birthplace Housesick, MO
(City, town, or county) (State or foreign country)
14. Maiden name Quadrine Gayle
15. Birthplace Pennecook, MO
(City, town, or county) (State or foreign country)

16. (a) Informant Carroll Abbott
(b) Address Juscumbia, MO
17. (a) Burial (b) Date thereof Dec 5 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ben Com. Juscumbia, MO

18. (a) Signature of funeral director G. L. Casey
(b) Address Iberia, MO
19. (a) 12/9/40 (b) I. M. Garner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO. (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Juscumbia, MO.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1940 hour 1 minute 30 a. m.

21. I hereby certify that I attended the deceased from Nov 29
1940 to Dec 3 1940;
that I last saw her alive on Dec 3 1940;
and that death occurred on the date and hour stated above.

- Immediate cause of death Diabetes, Hypertension & Kidney
Duration

- Due to
- 54

- Due to
- 54

- 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?
497 (Specify type of place) (e) Means of injury 3
While at work?

23. Signature M. E. Humphreys (M. D. or other) D.O.
Address Juscumbia, MO Date signed Dec 6 1940

RECEIVED

Miller County Health Dep't.

County File Number 40-111

Date Filed 12/9/40

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

Laron Adams

Registered Apprentice No. 211

working under my personal supervision.

Signed B. B. Baxey

Licensed Embalmer No. 2694

P. O. Address Iberia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.