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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43454**

Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. **386**

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:
222 East 5th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **eight years** (years, months or days) **2**

3. (a) PRINT FULL NAME **Mrs. Minnie Spears Abbott**

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 **Widow**

6. (b) Name of husband or wife **W.C.K. Abbott** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 11, 1860**
(Month) (Day) (Year)

8. AGE: Years **79** Months **11** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **Avoyelles Parrish, Louisiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **William Spears**

13. Birthplace **Texas**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **Louisiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Morey Abbott** (Son)

(b) Address **222 East 5th, Sedalia, Mo.**

17. (a) **Removal** (b) Date thereof **Dec. 11, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation **Des Moines, Iowa**

18. (a) Signature of funeral director **Laurel Hill Cemetery**

(b) Address **Sedalia, Mo.**

19. (a) **12/10/40** (b) **Mrs. Harry Siedel**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **222 East 5th**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12-8** day **40**
year _____ hour **2:14** minute _____ M.

21. I hereby certify that I attended the deceased from **12/6-40** 19____ to **12-8** 19____
that I last saw **her** alive on **12/8** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Epilepsia
Senility

Due to **182**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 **Dr. J. J. Gray** (M. D. or other) **12/10-40**
Address **Sedalia, Mo.** Date signed

Duration

2 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Hager

RECEIVED
District Health Officer No. 8,
District File Number
1-14-41
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, or by.....

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

Signed

Duane Ewing

Licensed Embalmer No. *3847*

P. O. Address

Sedalia, Mo.

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.