

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1685

Registration District No. 53

Primary Registration District No. 3005

Registrar's No. 2

1. PLACE OF DEATH:

(a) County. Bates
(b) City or town. Rich Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community. 60 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Bates
(c) City or town. Rich Hill
(If outside city or town limit, write "RURAL")
(d) Street No. East Park Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Jan day. 6
year. 1941 hour _____ minute 34 M.

21. I hereby certify that I attended the deceased from _____, 1941, to Jan 6, 1941;
that I last saw him alive on Jan 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. myocardial infarction
myocardial infarction
Due to _____
Due to _____

Other conditions. _____
(Include pregnancy within 3 months of death)
Major findings. _____
Of operations. _____
Of autopsy. _____

Duration
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? _____

23. Signature. [Signature] (M. D. or other) _____
Address. [Address] Date signed. [Date]

3. (a) PRINT FULL NAME. William Edgar Abel

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

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Nellie Abel 6. (c) Age of husband or wife if alive. 68 years

7. Birth date of deceased. Nov. 15, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 1 21 hr. _____ min.

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

10. Usual occupation. Day Laborer

11. Industry or business _____

12. Name. John Abel

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

14. Maiden name. Susan Merchant

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

16. (a) Informant. Julia R. Abel

(b) Address. Rich Hill, Mo.

17. (a) Burial (b) Date thereof. 1 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Green Lawn

18. (a) Signature of funeral director. [Signature]

(b) Address. Rich Hill, Mo.

19. (a) Jan 7, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

027

97

3

RECEIVED

District Health Officer No. 7,

District File Number 2-41-249

Date Filed 2-6-41

RECEIVED

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 me

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

Signed J. Hudson Reavley

Licensed Embalmer No. 2730

P. O. Address Rich Hill 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1685-

Registration District No. 53

Primary Registration District No. 3005-

Registrar's No.

1. PLACE OF DEATH
 (a) County. Bates
 (b) City or town. Asch Hill
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.
 In this community. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wm Edgar Abel
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race W
 6. (a) Single, widowed, married, divorced. m

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year.....

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 1 21 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name
 { 13. Birthplace. (City, town, or county) (State or foreign country)
 { 14. Maiden name. (City, town, or county) (State or foreign country)
 { 15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

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

20. DATE OF DEATH. Month Jan day 6
 year 1941 hour..... minute..... 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 General arteriosclerosis
Senile Dementia
 Due to Hypertension, Pneumonia
 Due to Bronchopneumonia
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
 Of autopsy.....
 109

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?

23. Signature Wm Edgar Abel (M. D. or other).....
 Address Asch Hill, Mo Date signed 1/10/41

SUPPLEMENTAL

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

Duration
 Underline the cause to which death should be charged statistically.

S-1685