

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

4777

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Wright
(b) City or town Wright
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____
(Specify whether

In this community
years, months or days)3. (a) PRINT FULL NAME Celia Elizabeth Absher

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 1

6. (b) Name of husband Anderson J. Absher 6. (c) Age of husband or wife 65 years

7. Birth date of deceased Jan. 11-1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days ✓ If less than one day ✓ hr. ✓ min. ✓

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

10. Usual occupation farmer

11. Industry or business

12. Name Cole Hill
13. Birthplace D. K. Ind.
(City, town, or county) (State or foreign country)
14. Maiden name S. K. Ind.
15. Birthplace D. K. Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carl Absher

- (b) Address Wright, Mo.

17. (a) Burial (b) Date thereof 1-15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Shannon Cemetery

18. (a) Signature of funeral director Bayless Funeral Home

- (b) Address Wright, Mo.

19. (a) 1-16-1941 (b) Bayless Montgomery
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Wright
(c) City or town Wright
(If outside city or town limits, write "RURAL")

- (d) Street No. 0
(If rural, give location)

- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1/1
1941, to 1/12, 1941;

that I last saw him alive on 1/12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Double Lobar pneumonia Duration _____

Due to _____

Due to _____

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? 831

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

23. Signature R. A. Ind. (M. D. or other) 0

Address Wright, Mo. Date signed 4/15-47

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

Ellen J. Boudin

Licensed Embalmer No. *1969*

P. O. Address *Norwood, 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.