

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10354

Registration District No. 5234

Primary Registration District No. 5234

Registrar's No. 80

## 1. PLACE OF DEATH:

- (a) County Cedar  
(b) City or town Rural Washington  
(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 Most of life  
years, months or days)

3. (a) PRINT FULL NAME Benjamin Franklin Abbott

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. L

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 19 1969  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 5 8 hr. min.

9. Birthplace Polk County - Ash Grove Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Elisha Abbott  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Evans  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant B. S. Abbott

- (b) Address Quinnegau, Mo.

17. (a) Burial (b) Date thereof 3-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Hindley Prairie

18. (a) Signature of funeral director Dr. C. Davis & Co

- (b) Address Stockton Mo

19. (a) 3-31-41 (b) Mrs. Minnie Bartleton  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cedar  
(c) City or town Rural - Quinnegau  
(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.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1941 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from 3-24  
19 41, to 3-27, 19 41;  
that I last saw him alive on 3-26, 19 41;  
and that death occurred on the date and hour stated above.

- Immediate cause of death Bronchial pneumonia Duration 1 day

- Due to influenza 95A 3 days

- Due to \_\_\_\_\_

- Other conditions heart block  
(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) no  
(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. C. Davis & Co (M. D. or other) Dr.  
Address Stockton Mo. Date signed 3-27-41

**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 Melvin Chesser

Licensed Embalmer No. 3272

P. O. Address Stockton

**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.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10354**  
Registrar's No. **20**

APR 10 1945  
Registration District No. **5234**

Primary Registration District No. **5234**

1. PLACE OF DEATH:

(a) County **Cedar**  
(b) City or town **Jefferson**  
(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 **Most of life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**  
(c) City or town **Rural - Dubuque**  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Benjamin Seth (F) Abbott**  
(b) If veteran, name war  
(c) Social Security No.  
(d) Sex **Male** (e) Color or race **White**  
(f) (a) Single, widowed, married, divorced, **Married**  
(g) (b) Name of husband or wife (c) Age of husband or wife if alive years

7. Birth date of deceased **Oct. 19 1967**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **5** Days **8** If less than one day hr. min.

9. Birthplace **Polk County - Shady Grove Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Elisha Abbott**

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

14. Maiden name **Martha Crain**

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

16. (a) Informant **B. S. Abbott**

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

17. (a) **Burial** (b) Date thereof **3-29-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Kindlem Prairie**

(d) Signature of funeral director **J. C. Davis & Co.**

(e) Address **St. Charles, Mo.**

(f) **3-31-41** (g) **Mrs. Minnie Bartleson**  
(Date received by registrar) (Inquirer's Name)

(Date received by registrar) (Inquirer's Name)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**  
(c) City or town **Rural - Dubuque**  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **27**  
year **1941** hour **2:30** minute **A** M.

21. I hereby certify that I attended the deceased from **3-24**  
**1941** to **3-27** 1941  
that I last saw him alive on **3-26** 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia** 1 day

Due to **Influenza** 3 days

Due to **Heart Block**

Other conditions **Heart Block**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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) **no**

(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?

**925** (Specify type of place)

While at work? (e) Means of injury

23. Signature **J. C. Davis & Co.** (M. D. or other)

Address **Dubuque, Mo.** Date signed **3-27-41**

