

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14511

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 272

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
827 N. Kansas Ave.  
(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) 1

3. (a) PRINT FULL NAME W. E. Abbott  
3. (b) If veteran, name war No  
3. (c) Social Security No. No.

4. Sex Male 5. Color or race W.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive 82 years  
7. Birth date of deceased Feb. 14 1853  
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name W. E. Abbott

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Clemens

(b) Address Sparta, Mo.

17. (a) Buried (b) Date thereof April 10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta, Mo.

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark, Mo.

19. (a) 4-4-41 (b) W. E. Handley MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Greene  
(c) City or town Springfield, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 827 N. Kansas Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1<sup>st</sup>  
year 1941 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from 3/31, 1941, to 4/1, 1941;  
that I last saw him alive on 4/1, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis  
Duration 2 days

Due to resulting from carcinoma stomach

Due to primary

Other conditions Severely  
(Include pregnancy within months of death) Chronic endocarditis

Major findings: None

Of operations None

Of autopsy No

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? Yes

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. E. Handley MD (M. D. or other) MD

Address Springfield, Mo. Date signed 4-4-41

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

39  
2  
6

MOTHER FATHER

**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.....

*T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address *Ozark 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.**