

THU AUG 16 1941 701

Primary Registration District No. **5936**

Registrar's No. **2731**

1. PLACE OF DEATH:

(a) County **Saline**  
(b) City or town **Bolivar (Rural) Marion**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4 1/2 Miles N.W. of Bolivar**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community **Life**  
years, months or days

3. (a) PRINT FULL NAME

**Maria Irene Ables**

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 **Widowed**

6. (b) Name of husband or wife **John William Ables**

6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **Nov. 17, 1863**  
(Month) (Day) (Year)

8. AGE:

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <b>77</b> | <b>8</b> | <b>18</b> | hr. min.             |

9. Birthplace

**Saline County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation

**House Keeper**

11. Industry or business

**House work**

12. Name

**William S. Wells**

13. Birthplace

**1 Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name

**Harriet Ann Hughes**

15. Birthplace

**Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant

**Ruby Ables**

(b) Address

**Bolivar, Mo.**

17. (a)

**Burial**  
(Burial, cremation, or removal)

(b) Date thereof

**July 29, 1941**  
(Month) (Day) (Year)

(c) Place: burial or cremation

**Greenwood Cemetery**

18. (a) Signature of funeral director

**White - Evans**

(b) Address

**Bolivar, Mo.**

19. (a)

**7/27**  
(Date received local registrar)

**J. S. Roberts**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**  
(c) City or town **Bolivar (Rural)**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4 1/2 miles N.W. of Bolivar**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**  
year **1941** hour **11** minute **30 a.** M.

21. I hereby certify that I attended the deceased from **July 26** to **July 27** 19**41**.  
that I last saw her alive on **July 26** and that death occurred on the date and hour stated above.

Immediate cause of death

**Carcinoma stomach**

Duration  
**1 yr**

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? \_\_\_\_\_

While at work? \_\_\_\_\_

(Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature

**Dorl C. McCraw** (M. D. or other)

Address

**Bolivar, Mo.** Date signed **7/29/41**

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

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1328

Date Filed 8-14-41

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 *William P. Ewing*

Licensed Embalmer No. 3092

P. O. Address Balmar, MO

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.