

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED SEP 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28867

State File No.

Registration District No. 564

Primary Registration District No. 5758

Registrar's No.

1. PLACE OF DEATH:

- (a) County Miller
(b) City or town Rural - Springfield
(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 Life years, months or days

3. (a) PRINT FULL NAME CARROLL ABBETT

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Nevey abbett 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec - 24 - 1864 (Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

- MOTHER FATHER { 12. Name Dan Abbett
13. Birthplace 1 Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Elaina Rasik
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Willard Abbett

- (b) Address Jussumbia - Mo.

17. (a) Burial (b) Date thereof 8-15-41 (Month) (Day) (Year)

- (c) Place: burial or cremation Burial

18. (a) Signature of funeral director Ch. Casey

- (b) Address Berlin, Mo.

19. (a) Aug 16, 1941 (b) H. O. Wright (Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Miller
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Jussumbia, Mo. Rt 1 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13 year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 1937 to Aug 1941 19____
that I last saw him alive on July 23 19____
and that death occurred on the date and hour stated above.

- Immediate cause of death Hypostatic Pneumonia Duration 4 days
Myocarditis also Diabetes Mellitus 8 yr

- Due to _____

- Due to 61

- 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) (e) Means of injury _____

23. Signature M. E. Humphreys (M. D. or other) J. D. D.

- Address Jussumbia, Mo. Date signed 8-16-41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Miller County Health Dept.
County File Number 41-96
Date Filed 9/17/41

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

Signed.....

Licensed Embalmer No. 2694

P. O. Address Iberia - 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.