

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2486

State File No.

Registrar's No. 19

FILED FEB 13 1942

Registration District No. 228

Primary Registration District No. 3020

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
307 N. Garrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 25 years (Specify whether
In this community 25 years (years, months or days)

3. (a) PRINT FULL NAME Margaret Luella Abercombie

3. (b) If veteran, name war None 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Allen Mc Coy 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 25 1907
(Month) (Day) (Year)

8. AGE: Years 34 Months 6 Days 27 If less than one day -- hr. -- min.

9. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name C. S. Claussen

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Meta Fiedge

15. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Allen Mc Coy

(b) Address 307 N. Garrison

17. (a) Burial (b) Date thereof 1-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison, Carthage

19. (a) Jan. 29, 1942 (b) E. J. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 307 N. Garrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1942 hour 11:50 minute P.M. M.

21. I hereby certify that I attended the deceased from Nov 21 1941 to Jan 21 1942
that I last saw her alive on Jan 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatous Primary of uterus
Due to Duration about 6 months

Other conditions 48 hr
(Include pregnancy within 3 months of death)

Major findings: Generalized Carcinomatous
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) (a) Means of injury

23. Signature E. J. McEntire, M.D. (M. D. or other)
Address Carthage MO Date signed 1-22-42

42-1-12
421-24

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.....

John P. Denny

Licensed Embalmer No. *4194*

P. O. Address *Carthage 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.