. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

Registration District No. 1496

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3038

State File No. 3731

Registrar's No. 19

1. PLACE OF DEATH:
(a) County Saline
(b) City or town MARSHALL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons Hospital (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) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Marshall (If outside city or town limits, write "RURAL")
(d) Street No. E North St (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Guy Abney
3. (b) If veteran, name war NG
3. (c) Social Security No. NG

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Abney
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June (Month) 4 (Day) 1877 (Year)

8. AGE: Years 64 | Months 7 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Morgan Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Wm. Abney
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Gensinger
15. Birthplace Maryland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Guy Abney
(b) Address Marshall Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Cem, Marshall, Mo.
18. (a) Signature of funeral director Ray Short
(b) Address Marshall Mo
19. (a) 1-22-42 (Date received local registrar) (b) Mary K ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1942 hour 7 minute 15a M.
21. I hereby certify that I attended the deceased from Oct. 27 1941, to Jan. 17 1942; that I last saw him alive on Jan. 17 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary edema	48 hrs
Due to: Bacterial endocarditis	4 mos
Due to: chronic nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 91a
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [illegible] M.D. (M. D. or other)
Address Marshall Mo Date signed 1-21-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-13-42

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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.