

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7271

Do not use this space.

1. PLACE OF DEATH

(a) County MILLER Registration District No. 561
 (b) Township _____ Primary Registration District No. 4330 Registered No. 13 66
 (c) City ELDON (d) Street No. 1 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LUCINDA - CATHERINE - ABBOTT
 (a) Residence, No. West North - 1 St. 0
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or NAME OF) Alford - Abbott
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1861-3-2
 7. AGE YEARS 80 MONTHS 11 DAYS 20 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) MILLER CO
 (STATE OR COUNTRY) Mo

FATHER 13. NAME Solomon Keith
 14. BIRTHPLACE (CITY OR TOWN) KY
 (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME MARY-ELLEN-BOWEN
 16. BIRTHPLACE (CITY OR TOWN) Va
 (STATE OR COUNTRY) 1

17. INFORMANT Alph Wright
 (ADDRESS) Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE PLEASANT HILL DATE 2-23-42

19. FUNERAL DIRECTOR (NAME) Keith M. Payne
 (ADDRESS) Eldon Mo

20. FILED 2-23 19 42 W. S. Squawman
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 22 1942

22. I HEREBY CERTIFY, That I attended deceased from FEB. 19 1939 to FEB. 22 1942

I last saw her alive on FEB. 21 1942 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac FAILURE
FROM TOXEMIA DUE
RUPTURED HAUL BLADDER
 Date of onset 2-15/42

Other contributory causes of importance:

SENILITY
GAUL STONES 126 1920

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 2

If so, specify _____

(Signed) A. F. Burkstrum X. D. 0

(Address) ELDON MO 2-23-42

RECEIVED
Miller County Health Dept.
County File Number 42-17
Date Filed 3/7/42

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, not

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

Signed

Licensed Embalmer No.

P. O. Address

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, above space should be left blank.