

S. No. 2
-11-10-39
-5-17-39
-I-X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10927

State File No. _____

FILED APR 20 1947
390-391

Registration District No. _____ Primary Registration District No. 5546-4230 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton Sum
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's one day of the Ozarks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community one day
years, months or days)

3. (a) PRINT FULL NAME John Valentine Abby

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Abby 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 14 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>9</u>	<u>18</u>	hr. min.

9. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Mo. Pac. Rail Road

MOTHER FATHER

12. Name Daniel Abby

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

14. Maiden name Elizabeth Manning

15. Birthplace unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Abby
(b) Address Bismarck Mo.

17. (a) burial (b) Date thereof 4-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bismarck Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address Bismarck Mo.

19. (a) 4-6-42 (b) Virginia P. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bismarck 094
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1947 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 1st
1947 to April 2nd 1947
that I last saw him alive on April 2nd 1947
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure 4/2/42

Due to arteriosclerosis 4/1/42

Due to _____

Other conditions chronic myocarditis?
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: _____

95a

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 R. E. Harland (M. D. or other) 10
Address Ironton, Mo. Date signed 4/6/42

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

47
1
0

1283

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 442-458
Date Filed 4-12-44

OCT 27 1944

OCT 5 1954

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 Paul J. White
Licensed Embalmer No. 3012
P. O. Address Winter Ice

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.