V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15253

State File No.

Registration District No. 708 Primary Registration District No. 5937B Registrar's No. 2

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

84
0
0

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Rural S McKinley Twp
(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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles north of Polk 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nancy Ann Abart

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife A. B. Abart

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Aug. (Month) 9 (Day) 1862 (Year)

8. AGE: Years 79 Months 4 Days 22 If less than one day hr. min.

9. Birthplace M (City, town, or county) O Missouri (State or foreign country)

10. Usual occupation house wife

11. Industry or business

FATHER
12. Name Marion Francis C Boone
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Boone
15. Birthplace Mo. O (City, town, or county) (State or foreign country)

16. (a) Informant Alta Wilson
(b) Address Bolivar, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 3 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Payne Cemetery

18. (a) Signature of funeral director H Hutcheson & Co
(b) Address Bolivar Mo

19. (a) April 10 1943 (Date received local registrar) (b) Martha Rush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1942 hour 12:25 minute P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 0

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a

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? 3
(Specify type of place)
While at work? (e) Means of injury

23. Signature Neal Pitts (M. D. or other) Coroner
Address Bolivar, Mo Date signed 4-1-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-42-450
Date Filed 5-11-42

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 Oby Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar 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.