

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24822

State File No.

Registration District No. 604

Primary Registration District No. 4358

Registrar's No. 60

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town New Madrid
(c) Name of hospital or institution No 1
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME HAROLD LEE ABBOTT

3. (b) If veteran, ☒ name war ✓ 3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if

7. Birth date of deceased MAY 13-1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 hr. 15 min.

9. Birthplace New Madrid, MO
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business No

12. Name B. L. ABBOTT

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

14. Maiden name LILLIE DAVIS

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

16. (a) Informant B. L. Abbott

(b) Address New Madrid

17. (a) Burial (b) Date thereof May 13-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary

18. (a) Signature of funeral director Self-Parent

(b) Address ✓

19. (a) July 18, 1942 (b) Alice Spitzer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1942 hour 4:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from Birth to
Death 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 Patient From Death 7 Duration

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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) (e) Means of injury

23. Signature D. D. Edmundo (M. D. or other)

Address New Madrid Date signed 7-17-42

1031

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 842-981

Date Filed 8-6-42

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.....

W. Embalming

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, fact should be so stated above.