S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30459

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 42

46 2 0

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Willow Springs. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell 46 2 0

(c) City or town Willow Springs
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Harriett V. Abbott.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F- 1

5. Color or race W-

6. (a) Single, widowed, married, divorced M- 1

6. (b) Name of husband or wife Edw-D. Abbott.

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec- 19. 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29
year 1942 hour 10:00 minute 20 P. M.

21. I hereby certify that I attended the deceased from June, 1942, to September, 1942; that I last saw her alive on September 29, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	10 Days
Due to: Essential Hypertension	6 yrs
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.

8. AGE: Years 53 Months 9 Days 10 If less than one day hr. min.

9. Birthplace (Bunton) Memphis. Tenn- 1
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Christian Koch.
13. Birthplace Germany. 4
(City, town or county) (State or foreign country)

MOTHER
14. Maiden name Rosia M. Derybury.
15. Birthplace Corinth. Missippii. 1
(City, town, or county) (State or foreign country)

16. (a) Informant E D Abbott
(b) Address Willow Springs. Mo.

17. (a) Burial (b) Date thereof 10/1/.42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetary.

18. (a) Signature of funeral director J T Burns sr
(b) Address Willow Springs. Mo

19. (a) 10-3-42 (b) Nanette Ferguson
(Date received local registrar) (Registrar's signature)

340

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

23. Signature O'Callahan (M. D. or other)

Address Willow Springs, Mo. Date signed 10-3-1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1042928
Date Filed 10-7-42

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

Signed D R Burns sr.
Licensed Embalmer No. 1837
P. O. Address Willow Springs, 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.