

Registration District No. 280

Primary Registration District No. 44-2-35967

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Platte  
(b) City or town Weston Township rural  
(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 7 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town Weston Township rural  
(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.

3. (a) PRINT FULL NAME Mary Ellen Abell

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife George R. Abell  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 2 - 1860  
(Month) (Day) (Year)

8. AGE: Years 92 Months 2 Days 25 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Scota Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Head  
13. Birthplace un known 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha un known  
15. Birthplace un known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Emogene A. Cooper

(b) Address Weston mo

17. (a) 8 (b) Date thereof 9-29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westerville

18. (a) Signature of funeral director E. C. Breit

(b) Address of avonah mo

19. (a) 9-29-42 (b) Mrs. Clay Biffle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27  
year 1942 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from 9-26, 1942, to 9-27, 1942  
that I last saw her alive on 9-26, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions J. B. W.  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
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 Lewis Calvert (M. D. or other)

Address Weston mo Date signed 9-28-42

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

33  
00

**RECEIVED**

District Health Officer No. Platte  
District File Number 10-42-74  
Date Filed 10-2-42

---

---

**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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.**