

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37153

State File No.

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
408 East 5th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 years (Specify whether years, months or days)

In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

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

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

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

3. (a) PRINT FULL NAME BENJAMIN F. ABEE

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Melissa Louise Chapman

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Nov 8 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>29</u>	hr. min.

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

10. Usual occupation

11. Industry or business Contractor

12. Name Symmel Age

13. Birthplace Unknown (City, town, or county) (State or foreign country) X X 9

14. Maiden name Hazel Age

15. Birthplace Unknown (City, town, or county) (State or foreign country) X X 9

16. (a) Informant X W N Boyer

(b) Address Trenton Mo

17. (a) burial (b) Date thereof 11-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maize Grove

18. (a) Signature of funeral director Gene A. ...

(b) Address Trenton Mo

19. (a) 11-7-42 (b) Nada Hoffman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 7, year 1942, hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 20th, 1942, to Nov 7th, 1942.
that I last saw him alive on Nov 6th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 8301

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) (b) Means of injury 0 2 2

23. Signature Gene A. ... (M. D. or other) 0 2 2

Address Trenton Mo Date signed

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

40
1
2

40
1
2

3

FILED DEC 12 1942

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

Raymond A. Williams

Licensed Embalmer No. *3424*

P. O. Address *Trenton, N.J.*

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.