

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40157

Registration District No. 28

Primary Registration District No. 3006-5120

Registrar's No. 304

1. PLACE OF DEATH:

(a) County Barnes
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1110 Bacon Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether)
In this community 4 months (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Eliza Jane Abbott

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

4. Sex F. M. I. 5. Color or race Mr 6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 3 years
7. Birth date of deceased Oct 3-1948
(Month) (Day) (Year)

8. AGE: Years 94 Months 2 Days 26 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business meat fittings

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

13. Maiden name Eliza Jane Abbott

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

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

16. (a) Informant Nelle Abbott Happer

(b) Address Columbia Mo

17. (a) Burial (b) Date thereof 12-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director E. E. Hopper

(b) Address Columbia Mo

19. (a) 12-29-42 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macomb
(c) City or town Clarence
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1942 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 16, 1942, to Dec 29, 1942,
that I last saw her alive on Dec 28, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Branchial pneumonia

Due to ✓

Due to ✓

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

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) (e) Means of injury ✓

23. Signature E. E. Hopper (M. D. or other) ✓

Address Columbia Mo Date signed 12/29/42

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

FEB 2 1943

FEB 10 1943

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.....

B. E. Nopp

Licensed Embalmer No.....

4260

P. O. Address.....

Chapman 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.

MISSOURI STATE BOARD OF HEALTH

State of Missouri

BUREAU OF VITAL STATISTICS

State File No.

County of Boone

} ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 304On this 6th day of February, 1943, before me appears.....Nelle Abbott Hopper, who, upon her oath, states that the original record of ^{birth} deathfor Eliza Jane Abbott died Dec. 29th, 1942 in the State ofMissouri, and which was filed at Columbia on 12-29-, 1942, should be corrected as follows:Item No. 2 (b) should read Shelby CountyInstead of Macon CountyItem No. 20 should read Hour 3 Minute 15 A.M.Instead of Hour 3 Minute M

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Nelle Abbott Hopper Daughter
Relationship.1110 Paquin St. Columbia, Mo

Present Address.

Subscribed and sworn to before me this 6th day of Feb., 1943.My Commission expires June 21st 1946 Edna H. Barber Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40157
State File No. _____
Registrar's No. 304

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(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 4 mo
years, months or days)

3. (a) PRINT FULL NAME Eliza Jane Abbott
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 m 5. Color or race 2
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John D. Abbott 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased Oct 3 - 1842
(Month) (Day) (Year)

8. AGE: Years 94 Months 2 Days 10 If less than one day _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name When sitting

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

14. Maiden name Mary Whitehead

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Mason
(c) City or town Clarence
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day _____ year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Due to _____
Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ (c) Means of injury _____

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

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.