

No. 2
1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2105

Registration District No. 103

Primary Registration District No. 5417

State File No. _____

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Hammersville Rural
(c) Name of hospital or institution: 1 Chris. Lums
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME DAVID THOMAS ABRAHAM

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellen Abraham 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March 18 1879 (Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name David Abraham
13. Birthplace Ill (City, town, or county) (State or foreign country)
14. Maiden name Hanna
15. Birthplace Tacon State of W. Va (City, town, or county) (State or foreign country)

16. (a) Informant Albert Abrahamson
(b) Address 10 Grandville mo

17. (a) Buried (b) Date thereof Jan 26 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Homer Cemetery

18. (a) Signature of funeral director W. F. Emmerich
(b) Address Hammersville mo

19. (a) 26-43 (b) Richard B. Beck (Date received certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 19-43 hour 3 minute 40 AM.

21. I hereby certify that I attended the deceased from _____
that I last saw him alive on Jan 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Duration 2 yr

Due to _____

Due to Hypertension

Other conditions (include pregnancy within months of death) _____

Major findings: Of operations 078
Of autopsy 0

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)
(c) Means of injury 3745

23. Signature Richard B. Beck (Date signed Jan 27 1943)
Address _____

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

RECEIVED

District Health Office No. 2,

District File Number 243-212

Date Filed 2-8-43

AUG 5 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.....

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.