

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

17817

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 518

Primary Registration District No. 2000

Registrar's No.

406

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 712 E. McDaniel
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Beulah Viola Abbott.

3. (b) If veteran, name war

None3. (c) Social Security No. None4. Sex Female5. Color or race Colored6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Benton Abbott6. (c) Age of husband or wife if alive 48 years7. Birth date of deceased February 22 1890
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

53226

hr. min.

9. Birthplace

Unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

George Abernathy

13. Birthplace

Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name

Hattie Lusk

15. Birthplace

Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant

Benton Abbott

(b) Address

712 E. McDaniel17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

5. 20. 43
(Month) (Day) (Year)

(c) Place: burial or cremation

Hazelwood

18. (a) Signature of funeral director

W. F. Campbell

(b) Address

867 Washington19. (a) 5-19-43

(Date received local registrar)

(b)

W. F. Campbell
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 712 E. McDaniel
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1943 hour 11:00 minute 30 P.M.21. I hereby certify that I attended the deceased from May 18th
1943, to 5-18- 1943:that I last saw her alive on 5-18-43
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Occlusion Duration 1 dayChronic MyocarditisDue to Chronic Myocarditis ?

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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 B. S. Jenkins (M. D. or other) M.D.Address 305 College St. Date signed 5-19-43

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

W. P. Campbell

24-05-2

Licensed Embalmer No.

1747

P.O. Address

Springfield 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.