

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18413

State File No.

D MAY 18 1943

Registration District No. 211

Primary Registration District No. 4324

Registrar's No.

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Jacksonburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME SUSIE ANN ABBETT

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

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Eli W. Abbott 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased Feb - 16 - 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 17 If less than one day --- hr. --- min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name James Farrester
13. Birthplace Nashville (City, town, or county) Tenn (State or foreign country)
14. Maiden name Jane Shackelford
15. Birthplace Louisville (City, town, or county) Ky (State or foreign country)

16. (a) Informant Chas. M. Abbott

(b) Address Jacksonburg MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-43 (Month) (Day) (Year)

(c) Place: burial or cremation Jacksonburg MO Mt Zion

18. (a) Signature of funeral director Ch. Case

(b) Address Iberia, MO

19. (a) April 8, 1943 (b) H. C. Wright (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Miller
(c) City or town Jacksonburg (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 April day 3
year 1943 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from April 8 (cont) 1943, to April 5 1943;
that I last saw h.er alive on April 8 (cont) 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 1 hour

Due to Arteriosclerosis years ---

Due to ---

Other conditions (Include pregnancy within 3 months of death)

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 M. J. Myers (M. D. or other) Address Jacksonburg MO Date signed 4-8-43

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

RECEIVED

Miller County Health Dep't.

County File Number 43-41

Date Filed 5-13-43

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

Ch. Casey

Licensed Embalmer No.

2694

P. O. Address

Iberia 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.