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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18849

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 35

89
1
1

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

1. PLACE OF DEATH: Ray
(a) County
(b) City or town Richmond Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ray 89
(c) City or town Richmond Mo. (If outside city or town limits, write "RURAL") 1
(d) Street No. West Lexington Street (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Rebecca Isabell Mc.Abel
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife John Mc. Abel Deceased.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 2 nd. 1867. (Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) 1 (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business Alfred Owens
FATHER
12. Name
13. Birthplace Iowa. (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Eliza Grass
15. Birthplace Iowa. (City, town, or county) 1 (State or foreign country)
16. (a) Informant Walter McAbel
(b) Address Richmond Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-43. (Month) (Day) (Year)
(c) Place: burial or cremation Richmond Mo.
18. (a) Signature of funeral director J B Brothers
(b) Address Richmond Mo.
19. (a) 6/1 43 (Date received local registrar) (b) Mrs Chas W Shippard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st. year 1943 hour minute M.
21. I hereby certify that I attended the deceased from May 27, 1943, to June 1, 1943 that I last saw her alive on May 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
Due to
Due to —
Other conditions (Include pregnancy within 3 months of death) —
Major findings: Of operations 93d
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? (Specify type of place)
While at work (e) Means of injury
23. Signature E. E. Gay (M. D. or other)
Address Richmond Date signed 6-2-43

1280 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-11-43

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 J.B.Brothers, Registered Apprentice No.

working under my personal supervision.

Brothers Funeral Home

Signed J B Brothers

Licensed Embalmer No. 2001.

P. O. Address Richmond 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.