

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25310

State File No. _____

Registrar's No. _____

Registration District No. 160Primary Registration District No. 3030

1. PLACE OF DEATH

- (a) County Jefferson
(b) City or town Festus
(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 _____ years, months or days

3. (a) PRINT FULL NAME Blanche Ferguson Abel

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

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Christian C. Abel
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 27 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 18
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name J. M. Ferguson

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

14. Maiden name Julia Haynes

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

16. (a) Informant Vernon Abel

- (b) Address Festus Mo

17. (a) Burial (b) Date thereof 7-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Festus Methodist

18. (a) Signature of funeral director Funeral Director

- (b) Address Festus Mo

19. (a) July 20 1943 (b) A.P. Oliver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jefferson
(c) City or town Festus
(If outside city or town limits, write "RURAL")

- (d) Street No. Lee Ave
(If rural, give location)

- (e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1943 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 15 1943
July 15 1943 to July 15 1943
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

- Immediate cause of death Heart
decompensation Duration _____

- Due to Chronic Myocarditis
angiosclerosis

- Due to Left Hypertension
General Heart Failure

- Other conditions arteriosclerosis
(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) Means of injury _____

23. Signature C. G. Nasser M.D. (M. D. or other)

- Address Festus Mo. Date signed 7/20/43

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

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..... *Elena Province*

Licensed Embalmer No. *3403*

P. O. Address *Festus 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.