

NOV 6 1943

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wood Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 min.
(Specify whether
In this community 67 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison **41**
(c) City or town Ridgeway, Rural (Union) **3**
(If outside city or town limits, write "RURAL")
(d) Street No. RR
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME John H. Mabbitt

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Inez Beeks Mabbitt 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased 5 30 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Harrison County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Warren Mabbitt
13. Birthplace Do not know **9**
(City, town, or county) (State or foreign country)
14. Maiden name Margaret McNelly
15. Birthplace do not know **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Garland Edwards

(b) Address Ridgeway, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Allen Cemetery

18. (a) Signature of funeral director M. H. Hagan

(b) Address Bethany, Mo.

19. (a) Oct. 26 - 1943 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1943 hour 9:15 minutes P. M.

21. I hereby certify that I attended the deceased from Oct. 14
1943 to Oct. 19 1943
that I last saw him alive on Oct. 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Abscess of Lung
not Tubercular

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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)
23. Signature Ralph A. Walker (c) Means of injury _____
Address Bethany, Mo. Date signed 10/26/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

MB Haas

Licensed Embalmer No.....

3899

P. O. Address.....

Bethany 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.