

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35166

NOV 15 1943  
Registration District No. 200

Primary Registration District No. 3041

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Macon  
(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 1 (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME William Snyder Abbott

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

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Maggie Abbott 6. (c) Age of husband or wife if alive 5th years  
7. Birth date of deceased Jan. 5th 1868 (Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Macon Macon Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business

12. Name George E. Abbott

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

14. Maiden name COX

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

16. (a) Informant Mrs W. S. Abbott

(b) Address Macon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-43 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem Macon

18. (a) Signature of funeral director Stephens & Gooding

(b) Address Macon Mo.

19. (a) 10/31/43 (Date received local registrar) (b) Greta B. Dunklee (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon  
(c) City or town Macon (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 10 - day 17 year 1943 hour 1 minute 15  
21. I hereby certify that I attended the deceased from Oct 8-43 to Oct 17 1943

that I last saw him alive on Oct 17-43 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary of Stomach Duration

Due to Don't Know

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations H&B

Of autopsy

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 H. A. Davis (M. D. or other) 10/23/43  
Address 124 E. King St Macon Mo Date signed 10/23/43

1037 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

Director Health Officer No. 10

District File Number 11-43-1809

Date Filed NOV 9 1943

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.....

Licensed Embalmer No. 3057

P. O. Address Macon, 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.