

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38139

FILED NOV 18 1943

Registration District No. 105

Primary Registration District No. 4177

State File No.

Registrar's No. 10

1. PLACE OF BIRTH:

(a) County Dunklin
(b) City or town Clarkton
(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

Martha Abbott
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. 0
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 31 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 hr. 30 min.

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

10. Usual occupation.

11. Industry or business.

12. Name Lloyd Abbott
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Hayel Edwards
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Abbott
(b) Address Clarkton, Mo.

17. (a) Burial (b) Date thereof 11-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Stanfield

18. (a) Signature of funeral director. Friends

(b) Address.

19. (a) Nov. 1, 1943 LaVonne Dunn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Clarkton
(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 Oct. day 31
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Oct 31 to Oct 31, 1943
that I last saw him alive on Oct 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death premature delivery
Sex with Baby
Due to Premature Delivery

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? none
(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 B. B. Eason (M. D. or other)
Address Clarkton, Mo. Date signed Nov 1/43

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1143-1465

Date Filed 11-15-43

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.