

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

State File No.

38140

II

Registrar's No.

FILED NOV 18 1943

4177

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (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: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. — (Specify whether years, months or days)

In this community —
years, months or days

3. (a) PRINT FULL NAME

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex Male White5. Color or race W6. (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

Stillborn
hr. min.

9. Birthplace

Clarkton
(City, town, or county)Mo.
(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

Lloyd Abbott

13. Birthplace

Arkansas
(City, town, or county)Arkansas
(State or foreign country)

14. Maiden name

Hazel Edwards

15. Birthplace

Missouri
(City, town, or county)Missouri
(State or foreign country)

16. (a) Informant

Lloyd Abbott

(b) Address

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

(c) Place: burial or cremation

Stanfield

18. (a) Signature of funeral director

Friend

(b) Address

19. (a) Nov. 1, 1943
(Date received local registrar)La Vonne Dunn
(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
19 43 to Oct 31 19 43
that I last saw him alive on Oct 31 19 43
and that death occurred on the date and hour stated above.Immediate cause of death uncomplicated
Six month 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? Home (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 La Vonne Dunn (M. D. or other) —
Address Clarkton, Mo. Date signed Oct 31 1943

(Licensed Embalmer's Statement on Reverse Side)

1247

RECEIVED

District Health Office No. 2,

District File Number 1143-146

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *Rec.*

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

- (a) County *Dunklin*
(b) City or town *Clarkston*
(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

Floyd Abbott

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ year

7. Birth date of deceased *Oct. 31 - 1943*
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____ (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 _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death *Undeveloped*
by no. body.

Due to *Premature delivery*
was just started birth
Due to *by no. body*

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

Major findings:
Of operations _____
Of autopsy _____
159

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) (e) Means of injury _____

23. Signature *B. E. Eeles* (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

38140