

FILED FEB 11 1944
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John William Abbott

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 23 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Baker

11. Industry or business Retired

12. Name H.C. Abbott
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Martha Johnson
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nell James

(b) Address Joplin Missouri

17. (a) Removal (b) Date thereof 1-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho Missouri

18. (a) Signature of funeral director John B. Ham

(b) Address Neosho Missouri

19. (a) 2-1-44 (b) Gertrude Sudhalter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Neosho
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 24 - 44
_____, 19____, to Jan 27, 19____;
that I last saw him alive on Jan 27, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
Duration 3 days

Due to Ch Myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature John B. Ham (M. D. or other) MD

Address Joplin Mo Date signed 1/30

44-1-65

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.