. No. 2
I—5-42
5-17-39
I, X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 2 1944

Registration District No. 5662

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5662

State File No. 3393

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town La Belle (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 70 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town La Belle (Rural)
(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

3. (a) PRINT FULL NAME Katie Elizabeth Abbett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F | 5. Color or race W. | 6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife James R Abbett.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 1 (Day) 1865 (Year)

8. AGE: Years 78 | Months 11 | Days 23 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Conrad Stetten.

13. Birthplace Illinois (City, town, or county) ~~Germany~~ (State or foreign country)

14. Maiden name Louisa Fox

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

16. (a) Informant Mrs Estelle Abbett

(b) Address La Belle, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-43 (Month) (Day) (Year)

(c) Place: burial or cremation Newark I.O.O.F.

18. (a) Signature of funeral director Thomas Ball

(b) Address Ewing, Mo.

19. (a) 12-24-43 (Date received local registrar) (b) P M Jennings, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1943 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec. 20, 1943, to Dec. 23, 1943; that I last saw her alive on Dec 23, 1943; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Hemorrhage

Due to

Due to Gal

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

Major findings: Kenneth Glover D.O.
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? (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 Kenneth Glover D.O. (M. D. or other)

Address Newark Mo Date signed 12-24-43

(Licensed Embalmer's Statement on Reverse Side)

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. 1744

P. O. Address Ewing, Nebr.

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.