

S. No. 2  
M-5-42  
V. 5-17-39  
X32873

4821

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 379

Primary Registration District No. 6287

Registrar's No. 3

1. PLACE OF DEATH:

(a) County WRIGHT  
(b) City or town MANSEFIELD - RURAL - PIPASANT VALLEY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: TWP  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 15 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT  
(c) City or town PIPASANT VALLEY TWP  
(If outside city or town limits, write "RURAL")  
(d) Street No. RURAL 7 MILE N. W. OF MANSFIELD  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 23  
year 1944 hour 8 minute 55 A.M.  
21. I hereby certify that I attended the deceased from JAN - 12  
to JAN - 8 1944  
that I last saw him alive on JAN - 2 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Ulcerative Colitis  
Duration 2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 120a  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

THOMAS ABBOTT

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife LOURIA ABBOTT 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased FEB 15 1867  
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER

12. Name NATHANIEL ABBOTT  
13. Birthplace DES MOINES IOWA  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY PILLAM  
15. Birthplace PHILADELPHIA PENN.  
(City, town, or county) (State or foreign country)

16. (a) Informant Elgie Abbott  
(b) Address MANSEFIELD MO

17. (a) BURIAL (b) Date thereof JAN 28 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEWTON CEM.

18. (a) Signature of funeral director St. A. Sliffe  
(b) Address MANSEFIELD MO

19. (a) FEB 1 - 1944 (b) S. L. Hensley  
(Date received local registrar) (Registrar's signature)

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 DO.  
23. Signature D. R. Bell (M. D. or other) DO.  
Address Seymour MO Date signed 1/28/44

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

400

RECEIVED  
District No. 244-131  
Date Filed FEB 8 1944

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**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 *F. A. Steffe*  
Licensed Embalmer No. 3221  
P. O. Address *Manassas Md*

**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.**