

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Malden Mo.
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution most of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Silas Abshier

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 Married
6. (b) Name of husband or wife Lizzie 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Jan 15 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 1 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

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

16. (a) Informant Mrs Lizzie
(b) Address Malden Mo.
17. (a) Burial (b) Date thereof Feb 18-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Malden

18. (a) Signature of funeral director Charles Fennel
(b) Address Campbell
19. (a) 2-18-44 (b) W D Elder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
(c) City or town Malden City
(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 Feb day 16 th. year 1944 hour 1 minute 5-08
21. I hereby certify that I attended the deceased from Jan 18 1940 to Feb 16 1944
that I last saw him alive on Feb 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis
Due to Myocarditis
Due to

Other conditions Sclerosing Coronary
(Include pregnancy within 3 months of death)
Atherosclerosis

Major findings: Atherosclerosis
Of operations 930
Of autopsy

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 W D Mitchell (M. D. or other)
Address Malden Mo Date signed 2/19/44

RECEIVED

District Health Office No. 2,

District File Number 344-453

Date Filed 3-9-44

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.....

Christina M. Landers

Licensed Embalmer No.

4227

P. O. Address.....

Campbell, Mrs.

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.