

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11827

State File No.

Registrar's No.

FILED APR 12 1944

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
804 Concannon
(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 Charles W. Abbott

3. (b) If veteran, _____

name was _____

3. (c) Social Security

No. _____

4. Sex Male

5. Color or
race White

6. (a) Single, widowed, married,
divorced Married

(b) Name of husband or wife
Mary E. Abbott

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

7. Birth date of deceased

Aug
(Month)

25th
(Day)

1957
(Year)

8. AGE:

Years

Months

Days

If less than one day

86

6

23

hr.

min.

9. Birthplace

(City, town, or county)

Indiana
(State or foreign country)

10. Usual occupation

Retired

11. Industry or business

MOTHER FATHER

12. Name

Jonas Abbott

13. Birthplace

(City, town, or county)

Indiana
(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

(City, town, or county)

G
(State or foreign country)

16. (a) Informant

Mary E. Abbott

(b) Address

Moberly, Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

March 20th 1944
(Month) (Day) (Year)

(c) Place: burial or cremation

Moberly, Mo.

18. (a) Signature of funeral director

Malham and Son

(b) Address

Moberly, Mo.

19. (a)

3/20/44
(Date received local registrar)

(b)

Emma Hove
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 804 Concannon
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1944 hour 10 minute A M.

21. I hereby certify that I attended the deceased from March 18th to March 18th 1944

that I last saw him alive on March 5th 1944

and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal pneumonia Duration _____

Bright's disease

Due to _____

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? _____ (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 Moberly, Mo. (M.D. or other)

Address Moberly, Mo. Date signed Mar 18

RECEIVED

District Health Officer No. 10

District File Number 4-44-227

Date Filed APR 11 1944

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.....

Frank D. Kutt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo

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.