

FILED APR 20 1944

State File No. ....

Registration District No. ....

Primary Registration District No. 2007

Registrar's No. 113

1. PLACE OF DEATH: Butler  
 (a) County: Butler  
 (b) City or town: Poplar Bluff  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Poplar Bluff  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
 In this community 74 years  
 years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED: 12  
 (a) State: Missouri (b) County: Butler  
 (c) City or town: Fisk, Missouri  
 (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: James Abshear  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No. none

4. Sex: male 0  
 5. Color or race: white  
 6. (a) Single, widowed, married, divorced, married  
 6. (b) Name of husband or wife: Hester Abshear  
 6. (c) Age of husband or wife if alive: 29 years  
 7. Birth date of deceased: Feb 4 1870  
 (Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 3  
 If less than one day hr. min.

9. Birthplace: Stoddard County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation: trucker

11. Industry or business: Louis Abshear

12. Name: unknown

13. Birthplace: Hilda Williams  
 (City, town, or county) (State or foreign country)

14. Maiden name: unknown

15. Birthplace: Hester Abshear  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Hester Abshear  
 (b) Address: Fisk, Mo.

17. (a) burial (b) Date thereof: 4-9-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Ash Hill

18. (a) Signature of funeral director: Moshain  
 (b) Address: Fisk Mo.

19. (a) 4-8-44 (b) Belle Ferrel  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 7  
 year: 1944 hour: 8:15 minute: 2 M.

21. I hereby certify that I attended the deceased from April 3, 1944 to April 7, 1944  
 that I last saw him alive on April 7, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: arteriosclerosis & hypertension

Other conditions: (Include pregnancy within 3 months of death) J 2a

Major findings: Of operations: none  
 Of autopsy: none

Duration  
 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: 5

23. Signature: Wm Hancher (M. D. or other)  
 Address: Fisk Bluff Mo Date signed.....

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

RECEIVED

District Health Office No. 2,

District File Number 44-610

Date Filed 4-12-44

JUN 22 1944

MAY 2 1944

MAY 22 1951

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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 *W. Brown*

Licensed Embalmer No. 3474

P. O. Address *Doyle Bluff*

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.