

S. No. 2
M-8-13
5-17-39
X37823

Registration District No. **197**

Primary Registration District No. **3052**

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Hospital # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
In this community 2 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 2196 St Louis
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BENJAMIN F ABBOTT.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race Negro

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

6. (b) Name of husband or wife Estella Abbott

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: Jan 11 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Lincoln Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Minister of the Gospel

MOTHER FATHER

11. Industry or business _____

12. Name Petter Abbott

13. Birthplace Unknown U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Estella Abbott

(b) Address 2196 St Louis

17. (a) Burial (b) Date thereof June 12 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director F. D. Ferguson

(b) Address Sedalia

19. (a) 6/8/44 (b) Miss Anna Payer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1944 hour Eight minute 30 P. M.

21. I hereby certify that I attended the deceased from May 28 1944 to June 7 1944
that I last saw h.i.m. alive on June 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Myocarditis
Due to Chronic Parenchymatous Nephritis

Due to Arterio Sclerosis

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

Major findings: _____
Of operations 131

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)

(c) Means of injury _____

23. Signature A. P. Maddox (M. D. or other) M.D.
Address 162 W. Main Date signed 6-8-44

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-10-44

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

F. B. Ferguson

Licensed Embalmer No.

2172

P. O. Address

Sebalia

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.