

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

22577

FILED JUN 20 1944

Registration District No. 227

Primary Registration District No. 3073

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Chaffee
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Years (Specify whether years, months or days)
In this community 50 Years

3. (a) PRINT FULL NAME James Luther Abbott

3. (b) If veteran, No name war No
3. (c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eliza Abbott
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased 8 12 1965
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 4
If less than one day hr. min.

9. Birthplace Macon Co. Ill
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name James Abbott

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Aisberry
(City, town, or county) (State or foreign country)

15. Birthplace Macon Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Eliza Abbott

(b) Address Chaffee Mo.

17. (a) Burial (b) Date thereof 5-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Park Chaffee Mo

18. (a) Signature of funeral director Bushlinghoff

(b) Address Chaffee Mo

19. (a) 5-18-44 (b) Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100
(c) City or town Chaffee
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Due to

Other conditions 93A

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Natural Causes

(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

23. Signature Glade Poe (M. D. or other)

Address Jefferson Mo Date signed 7/6/44

1325

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District

District File Number

Date Filed

644-81

6-8-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Minnie B. B. B.

Licensed Embalmer No.

3242

P. O. Address

Choffee 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

July 22 1944
State File No. *July*

Registration District No. *328*

Primary Registration District No. *3013*

Registrar's No. _____

1. PLACE OF DEATH:

(a) County *Scott*
(b) City or town *Chaffee*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

James L. Abbott

3. (b) If veteran name war

3. (c) Social Security No.

4. Sex *m* 5. Color or race *w* 6. (a) Single, widowed, married, divorced *m*

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased *Aug 12 1886*
(Month) (Day) (Year)

8. AGE: Years *78* Months *9* Days *22* If less than one day, hr. min.

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

10. Usual occupation *Contractor*

11. Industry or business *Pensioner*

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day *15*
year *1944* hour minute M.

21. I hereby certify that I attended the deceased from *19* *19*;
that I last saw him alive on *19* *19*;
and that death occurred on the date and hour stated above.
Immediate cause of death

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 (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

22677