V. S. No. 2
00M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24011

Registration District No. 11 — Primary Registration District No. 2039 — Registrar's No. 39

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Butterfield "Butterfield" (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1/2 Mi. W. of Butterfield (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BARRY
(c) City or town BUTTERFIELD "RURAL" (If outside city or town limits, write "RURAL")
(d) Street No. 1/2 MI. W. OF BUTTERFIELD (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Cecil Lee Abram
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married or divorced Married
6. (b) Name of husband or wife Ruth Abram
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 14 (Day) 1909 (Year)

8. AGE: Years 35 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Sarcoxie, (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Farmer - carpenter
11. Industry or business Public works

FATHER
12. Name Lee Roy Abram
13. Birthplace Gillhie, (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Martha Yoemen
15. Birthplace Sarcoxie, (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs. Ruth Abram
(b) Address Butterfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation New Church Cem
18. (a) Signature of funeral director W. D. Roan
(b) Address Cassville Mo.
19. (a) June 24-1944 (Date received local registrar) Grace Williams (Registrar's signature)

1077

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21 year 1944 hour 9 minute — M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis.	2 yrs.
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other)
Address Cassville, Mo. Date signed 6-29-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 744-864
Date Filed JUL 25 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 C. M. Gowen

Licensed Embalmer No. 3453

P. O. Address Farmington 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.