V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1944

Registration District No. 11

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24412

Primary Registration District No. 3012

Registrar's No. 102

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

24
1
1

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 6 days (Specify whether
In this community 1 mo. 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Polk 999

(c) City or town Des Moines 13
(If outside city or town limits, write "RURAL")

(d) Street No. 1458 DeWolfe St. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Harvey Abbott

3. (b) If veteran, name war World War I

3. (c) Social Security No. 479-22-4894

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife —

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

7. Birth date of deceased June (Month) 1st (Day) 1892 (Year)

8. AGE: Years 52 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Boon County, Iowa (City, town, or county) 1 (State or foreign country)

10. Usual occupation Laborer - unemployed

11. Industry or business "

FATHER
12. Name Pittner Abbott
13. Birthplace ? (City, town, or county) ? 1 (State or foreign country)

MOTHER
14. Maiden name Litisha Rhodes
15. Birthplace ? (City, town, or county) ? 1 (State or foreign country)

16. (a) Informant Hospital Records, Veterans Adminis-
(b) Address tration, Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-15-44 (Month) (Day) (Year)
Removal to Des Moines, Iowa
(c) Place: burial or cremation

18. (a) Signature of funeral director HERBERT HOPE
(b) Address Excelsior Springs, Missouri

19. (a) 7-13-44 (Date received local registrar) (b) Missouri Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1944 hour 8:05 minute A. M.

21. I hereby certify that I attended the deceased from June 8, 1944, to July 14, 1944;
that I last saw him alive on July 14, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary, chronic, active, far advanced	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

1361

Major findings:
Of operations
Of autopsy As shown above

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

23. Signature Ernest M Tapp (M. D. or other) MD
ERNEST M. TAPP, Major, M.C.
Address Veterans Administration Excelsior Springs, Mo. Date signed 7-14-44

1166 (Licensed Embalmer's Statement on Reverse Side)

APR 11 1946

RECEIVED
District Health Officer No. 8

District File Number 81-3-44

Date Filed

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 James A. Moles

Licensed Embalmer No. 3396

P. O. Address Ex Springs 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.