

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31240

State File No.

FILED OCT 13 1944

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Lafayette
 (b) City or town Luxington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1118 South St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr.
 In this community 1 yr.
 years, months or days

3. (a) PRINT FULL NAME ELLA D. ABBOT

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married 3 divorced
 6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased Mar 15 1890
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 6 9 hr. min.

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

10. Usual occupation at home

11. Industry or business —

12. Name John L. Abbott
 13. Birthplace Indianapolis Ind
 (City, town, or county) (State or foreign country)
 14. Maiden name Frances Whitaker
 15. Birthplace Indianapolis Ind
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jewell Barker

(b) Address Luxington, Mo

17. (a) Removal (b) Date thereof 9-24-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marceline Mo

18. (a) Signature of funeral director James F. Thayer

(b) Address Luxington, Mo

19. (a) Sept 24-44 (b) Mrs. F. Schuch
 (Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
 (c) City or town Luxington, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1118 South St
 (If rural, give location)
 (e) Citizen of foreign country? — (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
 year 1944 hour 4 minute 0 M.
 21. I hereby certify that I attended the deceased from 9-10-44
9-24, 1944, to 9-24, 1944,
 that I last saw him alive on 9-24 (7:00 PM), 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial
Heart Failure

Due to Complicated Myocarditis

Due to Smoking

Other conditions —

(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

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) (or Means of injury)

23. Signature C. J. Richard (M. D. or other)

Address Luxington Date signed 9-24-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer, No. 8,

District File Number

Date Filed

10-11-44

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

James J. Kempel

Licensed Embalmer No.

32757

P. O. Address

Lexington, Va.

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.