

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 26 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

41363

Registration District No. 156

Primary Registration District No. 25-0-5581

Registrar's No.

597

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin-Galena Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North Main Street Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years (Specify whether
In this community 18 years years, months or days)

3. (a) PRINT FULL NAME Chance D. Abel

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married,
divorced married
(b) Name of husband or wife Elveretta Abel 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased July 9 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 3 hr. min.

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

10. Usual occupation retired farmer

11. Industry or business

12. Name George Abel
13. Birthplace no data
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Jones
15. Birthplace no data
(City, town, or county) (State or foreign country)

16. (a) Informant Widow Elveretta Abel
(b) Address Joplin, Mo.

17. (a) burial (b) Date thereof 12/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery
Hedge-Lewis

18. (a) Signature of funeral director Webb City, Mo.

19. (a) 12-13-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town rural Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. North Main Street Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1944 hour 4:35 minute P.M.

21. I hereby certify that I attended the deceased from I did not
attend deceased 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
Coronary Occlusion

Due to

Due to Coroners investigation

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 sta-
tistically.

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)
(b) Means of injury
23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 12/13/44

(Licensed Embalmer's Statement on Reverse Side)

44-12-1039

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

E. H. Helf

Licensed Embalmer No. *2859*

P. O. Address *Wab City, 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.