

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2160
Registrar's No. 19

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs + 50 min.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucille Abegglen 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Oct. 10, 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation Employed at long work

11. Industry or business Department Store

12. Name Chris Abegglen

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

14. Maiden name B. A. R. M. Michael

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

16. (a) Informant Mrs. Chris Abegglen

(b) Address Springfield, Mo. R. 6

17. (a) Burial (b) Date thereof Jan 10, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Fred P. Muench

(b) Address 1100 Bonville Ave, Spfld, Mo.

19. (a) 1-9-45 (b) Dr. W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural, Spfld., N. Campbell Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. Route 6
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country //

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1945 hour 1:55 minute 8:05 A. M.

21. I hereby certify that I attended the deceased from Sept 10, 1945 to Jan. 8, 1945
that I last saw him alive on Jan. 8, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 11 hrs.

Due to UNK

Due to 940

Other conditions UNK
(Include pregnancy within 3 months of death)

Major findings: Of operations UNK

Of autopsy UNK

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) UNK

(b) Date of occurrence UNK

(c) Where did injury occur? UNK
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? UNK (Specify type of place) (e) Means of injury UNK

23. Signature J. P. Muench (M. D. or other)

Address Springfield, Mo. Date signed 1-8-45

APR 17 1945

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.....*Fred C. Thieme*.....

Licensed Embalmer No. *2899*.....

P. O. Address *Springfield, Mo.*
X

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.