V. S. No. 2
0M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

FILED FEB 19 1945

Registration District No. 1978 — Primary Registration District No. 5661 — Registrar's No. [illegible] 1

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town Highland Township, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 7 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis
(c) City or town Rural, Highland Township
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile west of Durham, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sandra Mae Abell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 4 (Day) 1945 (Year)
8. AGE: Years | Months | Days | If less than one day 7 hr. min.
9. Birthplace Lewis County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Steve James Abell
13. Birthplace Lewis County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Goldie Mae Wheeler
15. Birthplace Adams County (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mr. Steve Abell
(b) Address Durham, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6 45 (Month) (Day) (Year)
(c) Place: burial or cremation Durham
18. (c) Signature of funeral director Thomas Ball
(b) Address Ewing, Mo
19. (a) 1-8-45 (Date received local registrar) (b) P. W. Jennings, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 year 1945 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from Jan. 4, 1945 to Jan. 4, 1945 that I last saw her alive on Jan. 4, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital malformation of the cardio-vascular system	7 hr.
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

23. Signature Harry T. McCracken (M. D. or other) D. O.
Address La Belle, Mo. Date signed Jan. 5

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-45-374
Date Filed FEB 16 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 Thomas S. Ball

Licensed Embalmer No. 1744

P. O. Address Ewing 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.