

FILED APR 21 1945

Registration District No. 272

Primary Registration District No. 1000

Registrar's No. 410

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town DeKalb
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lela Abbott
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James J. Abbott
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July 29 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>8</u>	<u>11</u>	hr. _____ min.

9. Birthplace Nicholas Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name John P. Layton
13. Birthplace Nicholas Co. Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Lena R. Paynter
15. Birthplace Nicholas Co. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant James J. Abbott
(b) Address DeKalb, Mo.

17. (a) burial (b) Date thereof 4/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weston, Mo.

18. (a) Signature of funeral director Walter C. Cole & Bowman

(b) Address 319 So. 10th

19. (a) 4/11/45 (b) Walter C. Cole
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1945 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 18 1945 to Apr 9 1945
that I last saw him alive on Apr 9 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of both ovaries (Primary)
Duration ?

Due to _____

Due to _____

Other conditions Presence of one ovum Feb. 1945
(Include pregnancy within 3 months of death)

Major findings: same
Of operations none
Of autopsy none

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? _____

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

23. Signature Frank H. Sledge (M. D. or other) _____
Address 626 Mercer Date signed 4/11/45

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

11
1
7

1377

Dr. G. W. Foulson
Kirk. Bldg.

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 Herald I Wade

Licensed Embalmer No. 41172

P. O. Address St. Joseph 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.