

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12811

Registration District No. 42

Primary Registration District No. 51260

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Wallace
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution General Delivery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years
(Specify whether)
In this community Lifetime
(years, months or days)

3. (a) PRINT
FULL NAME

Walter Abbott

3. (b) If veteran,

name war World War #1

3. (c) Social Security

No. 491-10-8625

4. Sex Male

5. Color or

race White

6. (a) Single, widowed, married,

divorced Widowed

6. (b) Name of husband or wife Iva

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

December 11, 1882
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

62

3

22

hr. min.

9. Birthplace

Bethany,

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Farm Laborer

11. Industry or business

Farm

MOTHER FATHER

12. Name

John Abbott

13. Birthplace

Virginia

(City, town, or county)

(State or foreign country)

14. Maiden name

Sarah Jane Vestal

15. Birthplace

Buchanan Co.,

(City, town, or county)

Missouri

(State or foreign country)

16. (a) Informant

Thomas Abbott (Brother)

(b) Address

212 So. 12th St., St. Joseph

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 4/4/45

(Month) (Day) (Year)

(c) Place: burial or cremation

Turner Cemetery

18. (a) Signature of funeral director

John C. Clapp

(b) Address

6054 Pryor Ave., City

19. (a)

(Data received local registrar)

(b)

John C. Clapp (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Wallace
(If outside city or town limits, write "RURAL")
(d) Street No. General Delivery
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2, year 1945 hour 11:00 minute A. M.
viewed April 2nd 45

21. I hereby certify that I attended the deceased from April 2nd 45, 1945, to April 2nd 45, 1945;

that I last saw him alive on April 2nd 45, 1945;

and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion

Due to

Due to

Other conditions

none

(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) No
(b) Mode 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)

(c) Means of injury

23. Signature B.W. Talley Coroner

Address King & Hill Bldg Date signed 4/4/45

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

1377

(Licensed Embalmer's Statement on Reverse Side)

APR 20 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, only

working under my personal supervision. _____, Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 3886

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.