

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1945
Registration District No. 337

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14062
Registrar's No. 9

Primary Registration District No. 4353

1. PLACE OF DEATH

(a) County Madison
(b) City or town Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all life (Specify whether)
years, months or days

3. (a) **PRINT FULL NAME** Jessie Earl Abbott
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 single
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 5 1945
(Month) (Day) (Year)

8. **AGE:** Years _____ Months _____ Days _____ If less than one day
4 hr. _____ min.

9. Birthplace Union (City, town, or county) _____ (State or foreign country)

10. Usual occupation carpenter

11. Industry or business _____

12. Name Lloyd Abbott

13. Birthplace Union (City, town, or county) _____ (State or foreign country)

14. Maiden name Edwards

15. Birthplace Union (City, town, or county) _____ (State or foreign country)

16. (a) Informant Lloyd Abbott

(b) Address Union

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/7-45
(Month) (Day) (Year)

(c) Place: burial or cremation buried

18. (a) Signature of funeral director Garnley

(b) Address Union

19. (a) April 1-1945 (Date received local registrar) Jessie Macdonald (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison
(c) City or town Union
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Mar, day 5, 1946
year _____ hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from Mar 5, 1946, to Mar 5, 1945
that I last saw him alive on Mar 5, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death undiscovered heart thrombosis failed to clear
Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy 1572

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

(a) Accident, suicide, or homicide (specify) no

(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) Means of injury _____

23. Signature B. B. Beat (M. D. or other)

Address Union Date signed Mar 7

(Licensed Embalmer's Statement on Reverse Side)

538

RECEIVED

District Health Office No. 2,

District File Number

442-528

Date Filed

APR 11 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.