

50M-7-20-37
I X12004

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED APR 12 1945

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14063

Do not use this space.

1. PLACE OF DEATH:
(a) County Wright Registration District No. 237
(b) Township Wright Registration District No. 4353
(c) City Wright (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred / yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Roy Murrel Abbott
(a) Residence, No. St. [] (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 6 1944
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10
OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gilson Mo.
FATHER
13. NAME Loyd Abbott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piggott Ark.
MOTHER
15. MAIDEN NAME Nazel Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berney Mo.
17. INFORMANT (ADDRESS) Loyd Abbott
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stand Field DATE Mar 17 1945
19. FUNERAL DIRECTOR (ADDRESS) Family Gilson Mo.
20. FILED April 5 1945 Gene Macom Local Registrar.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16 1945
22. I HEREBY CERTIFY, That I attended deceased from Mar 8 1945 to Mar 16 1945
I last saw him alive on Mar 16 1945 Death is said to have occurred on the date stated above, at 9 59 m.
The principal cause of death and related causes of importance were as follows:
undeveloped Heart
Arteriosclerosis
Date of onset
Other contributory causes of importance:
1674
Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 1945
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) Dr. B. B. Burt Date 3/16/45
(Address) Gilson Mo.

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Office No. 2,
District File Number 445-237
Date Filed APR 11 1945

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)