. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20103

State File No.

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 44

1. PLACE OF DEATH:

(a) County Charlton

(b) City or town Salisbury Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 53 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Charlton

(c) City or town Salisbury 91
(If outside city or town limits, write "RURAL")

(d) Street No. 20
(If rural, give location)

(e) Citizen of foreign country? no 0 (~~Yes~~ or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Bernard Abeln

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Emma Abeln

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Mar (Month) 1 (Day) 1879 (Year)

8. AGE: Years 66 Months 3 Days 3 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Bernard Abeln
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary K Bruggan
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Emma Abeln

(b) Address Salisbury Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 6 (Day) 45 (Year)

(c) Place: burial or cremation Salisbury

18. (a) Signature of funeral director Geo B Winkelmeyer

(b) Address Salisbury Mo

19. (a) 6/8/45 (Date received local registrar) (b) R A Gehrig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1945 hour 8 minute P M.

21. I hereby certify that I attended the deceased from June 1, 1945, to June 3, 1945
that I last saw him alive on June 1, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmon T. B.

Due to

Due to

Other conditions Chronic Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature H S Lawhuis (M. D. or other)

Address Salisbury Mo. Date signed 6/4/45

1023

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/11/45

Clarence McCart

SEP 13 19

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.