

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21596

JUL 9 1945
Registration District No. 379

Primary Registration District No. 6287

Registrar's No. 8

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town PIRASANT VALLEY TWP. RURAL
(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 17 yrs 6 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME LOUIA MARY ABBOTT

3. (b) If veteran, name war NON V 3. (c) Social Security No. NON V

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife THOMAS ABBOTT 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased DPC (Month) 25 (Day) 1876 (Year)

8. AGE: Years 68 Months 5 Days 29 If less than one day hr. min.

9. Birthplace HILLISBURG INDIANA (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name NOT KNOWN

13. Birthplace 9

14. Maiden name LUCY B. MILLER

15. Birthplace NOT KNOWN 9

16. (a) Informant Elgie Abbott

(b) Address MANSEFIELD MO

17. (a) BURIAL (b) Date thereof July 3-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEWTON SPN

18. (a) Signature of funeral director J. G. Stiff

(b) Address MANSEFIELD MO

19. (a) July 2-1945 (b) S. A. Hensley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT 114
(c) City or town MANSEFIELD RURAL 11
(If outside city or town limits, write "RURAL")
(d) Street No. PIRASANT VALLEY TWP. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 28
year 1945 hour 5 minute 10 P.
21. I hereby certify that I attended the deceased from June 28 to June 28 1945
that I last saw her alive on June 28 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy. Duration 2 days

Due to Hypertension

Due to nephritis

Other conditions Turner's ulcers

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 S. A. Hensley (M. D. or other)

Address Mansefield Date signed 7/24/45

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

1267

(Licensed Embalmer's Statement on Reverse Side)

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

J. A. Steffe

Licensed Embalmer No. 3221

P. O. Address

Manassas, MD

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.

DEPARTMENT OF COMMERCE
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 8

Registration District No. 379

Primary Registration District No. 6287

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Louella M. Abbott

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased Dec 29 (Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 June Day 28 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from June 4 to June 28, 1945
that I last saw him alive on June 28 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Apoplexy
Hypertension

Due to Hypertension
Due to Cerebral Apoplexy

Other conditions (Include symptoms within 3 months of death) Chronic Nephritis

Major findings: Of operations

Of autopsy 1314

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 Dr. J. P. Field M. D. or other Date signed 7/13/45
Address

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

SUPPLEMENTARY

21596