

FILED OCT 30 1945

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 230

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 1 month + 24 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Patricia Darlene Abbott

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

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 29 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Child

11. Industry or business _____

12. Name Charles Edward Abbott

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

14. Maiden name Frances (Wood)

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

16. (a) Informant Frances Abbott

(b) Address Jefferson City

17. (a) Burial (b) Date thereof Oct. 23 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Logan Cemetery

18. (a) Signature of funeral director James Heber

(b) Address 2009 Jefferson

19. (a) 10-22-45 (b) R.P. Darrin MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd
year 1945 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 5
1945 to Oct 22 1945
that I last saw her alive on October 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastritis and Intoxication
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None
Of autopsy None

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) _____ (c) Means of injury _____

23. Signature J.P. Bruce (M. D. or other) MD
Address Jefferson City Date signed 10/22/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-29-45

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.

Body under supervision

Signed *J. Anderson*

Licensed Embalmer No. *364*

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.