S. No. 2
M—5-43
5-17-30

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JAN 8 1946 STANDARD CERTIFICATE OF DEATH

40434

State File No.

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 148

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Iberia Hall (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 — In this community Most of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Barton
(c) City or town Iberia Hall (If outside city or town limits, write "RURAL")
(d) Street No. E. Maple (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Andrew Commodore Able
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Anna Able
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased 2-17-71 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1945 hour 1115 minute P. M.

21. I hereby certify that I attended the deceased from June 1944 to Dec 13 1945 that I last saw him alive on Dec 13 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations — Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 73 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Springfield Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Electrical Engr. Retired
11. Industry or business —

FATHER
12. Name John Able
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan McCormick
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bird Able
(b) Address Route 1 Iberia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Graceland

18. (a) Signature of funeral director Doorty
(b) Address Iberia Mo

19. (a) Dec 18 1945 (Date received local registrar) (b) Miss Edna Douglass (Registrar's signature)

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

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 12-19-45

1342

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Office No. 7,
12-40-1262
Date Filed 1-6-46

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 W E Beckelheimer

Licensed Embalmer No. 2174

P. O. Address Butler 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.