S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42176

Registration District No. 284 Primary Registration District No. 597A Registrar's No. 6

1. PLACE OF DEATH:

(a) County Polk

(b) City or town "Rural" Green Twp. Mo.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk 84

(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rt 1 Louisburg Mo 0
(If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Abbie Florence Needham

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Zack Needham

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan. (Month) 19 (Day) 1875 (Year)

8. AGE: Years 70 Months 10 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation housewife

11. Industry or business .....

FATHER
12. Name Sam Griffin
13. Birthplace ..... (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Millie Purdum
15. Birthplace ..... (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Zack Needham
(b) Address Rt. 1 Louisburg Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 28 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lindley Creek Cemetery

18. (a) Signature of funeral director Hutcheson - Turpin
(b) Address Bolivar Mo.

19. (a) 2-10-45 (Date received local registrar) (b) Mae Zumwalt Deputy (Registrar's signature)

1449

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1945 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dead on arrival, 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Embolism (occlusion) (History)	1 hr
Due to	
Due to	
Other conditions Gall bladder disease (history) (Include pregnancy within 3 months of death)	several years

Major findings:
Of operations .....
Of autopsy None 94

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 .....

23. Signature G C Phemmer (M. D. or other) MD
Address Buffalo Mo Date signed 11-24-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer
Date Filed 12-45-1241
Date Filed 1-3-46

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 [signature]

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.