

FILED APR 3 1946
Registration District No. 212

Primary Registration District No. 3044

State File No.

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
435 W. North St. 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 40 yrs.
years, months or days)

3. (a) PRINT FULL NAME Alfred Wesley - Abbot
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Lucinda C. Abbot
6. (c) Age of husband or wife if alive 1857 years
7. Birth date of deceased JAN. 1 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 0 23 - hr. - min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Jackson Abbot
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Pittman
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Fannie Shipley
(b) Address Eldon, Mo.

17. (a) Burial (b) Date thereof 1-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem.

18. (a) Signature of funeral director Arthur M. Kaye

(b) Address Eldon, Mo.

19. (a) 1-26-46 (b) Alvoretta Walt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66
(c) City or town Eldon
(If outside city or town limits, write "RURAL")
(d) Street No. 435 W. North St. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
year 1946 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from 6-1
1944 to 1-24 1946
that I last saw him alive on 1-22 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Failure
Duration _____

Due to Otitis Media 2 yrs.

Due to nephritis 6 yrs.

Other conditions senility
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature G. F. Burkstresser (M. D. or other) DO
Address Eldon Mo Date signed 1-26-46

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

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 Arthur M. Kays
Licensed Embalmer No. 3998
P. O. Address Eldon 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. APRIL
Registrar's No. 4

Registration District No. 212 Primary Registration District No. 3044

1. PLACE OF DEATH: Miller Eldon
(a) County.....
(b) City or town.....
(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 Alfred W. Abbott
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 wid
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife, if alive.....
7. Birth date of deceased. Jan 1 (Month) (Day) (Year)

8. AGE: Years 89 Months 00 Days 02 If less than one day hr. min.

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

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 Apr year 1946 hour 12 minute 15 M.
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.
Immediate cause of death..... Duration.....

Due to.....
Due to myocardial infarction
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.

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 A F Berkstrussen (M. D. or other) D.O.
Address..... Date signed.....

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

9046

SUPPLEMENTARY

10124