

FILED MAY 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. **14033**

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **139**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 days**
(Specify whether years, months or days)
In this community **17 days**

3. (a) PRINT FULL NAME **Mrs. Lillie Louvinnâ Abney**

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 **widow**
6. (b) Name of husband or wife **Isaac C. Abney**
6. (c) Age of husband or wife if alive **deceased**
7. Birth date of deceased **August 31, 1875**
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **27**
If less than one day hr. min.

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

10. Usual occupation **housewife**

11. Industry or business

12. Name **Wilson Morris**
13. Birthplace **unknown, Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary A. Collins**
15. Birthplace **unknown, Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A.S. Arnold (dau.)**
(b) Address **705 West 4th, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **3/30/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Green Ridge Cemetery**

18. (a) Signature of funeral director **William E. Green**
(b) Address **Sedalia, Missouri**

19. (a) **4/30/46** (b) **Betty Yeager**
(Date received legal registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri **Pettis**
(a) State (b) County
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **705 West 4th**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **28**
year **1946** hour **12:25** minute **P.** M.

21. I hereby certify that I attended the deceased from **Last 2 1/2 years**
to **April 28, 1946**
that I last saw him/her alive on **April 28, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Rectum**
Carcinoma uterus
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
PHYSICIAN

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 **W. B. Rogers** (M.D. or other)
Address **Sedalia, Mo.** Date signed **4/30/46**

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-14-48

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.....

Eugene Wood
Licensed Embalmer No. 3804

P. O. Address *Helena, 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. man

Registration District No. 274

Primary Registration District No. 2052

Registrar's No. 1290

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(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

Lillie L. Abney

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 aug 31 1917
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 2 (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 Aug 1946
year hour minute M.

21. I hereby certify that I attended the deceased from
that last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to Causes uterine (primary)

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.

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 W. B. Boyer (M. D. or other)

Address Sedalia mo Date signed 8/16/46

SUPPLEMENTARY

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

12936

14033