

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29986

FILED OCT 8 1946

Registration District No. 928

Primary Registration District No. 2000

Registrar's No. 148A

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days
(Specify whether in this community 13 Days years, months or days)

3. (a) PRINT FULL NAME Adam Abramovitz

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Nov. 22 1862
(Month) (Day) (Year)

8. AGE: ✓ Years 83 Months 9 Days 21
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John Abramovitz

13. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Ruskoski

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof 9-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City, Missouri

18. (a) Signature of funeral director Herbert H. Lommeyer

(b) Address Springfield, Missouri

19. (a) 9-23-46 (b) W. S. Ham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Pierce City Missouri 4
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1946 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 8-20-46 to 9-13-46
that I last saw him alive on 9-13-46
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Bladder 5 yrs
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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. S. Ham (M. D. or other)

Address Springfield Mo Date signed 9-14-46

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 Paul F. Roberts

Licensed Embalmer No. 2457

P. O. Address Greenfield, Mass.

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.

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