

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. DEPARTMENT OF COMMERCE
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31117

Registration District No. 274 Primary Registration District No. 3052 State File No. Registrar's No. 371

1. PLACE OF DEATH: Pettis
(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: 1006 East 13th street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: lifetime (Specify whether years, months or days)
In this community: lifetime

3. (a) PRINT FULL NAME: Donna Jean 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: Single
6. (b) Name of husband or wife: ***** 6. (c) Age of husband or wife if alive: ***** years
7. Birth date of deceased: December 21, 1945 (Month) (Day) (Year)

8. AGE: Years: 0 Months: 8 Days: 15 If less than one day hr. min.

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

10. Usual occupation: none

11. Industry or business: none

12. Name: Vern L. Abney

13. Birthplace: Pettis County, Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Virginia Montgomery

15. Birthplace: Pettis County, Missouri (City, town, or county) (State or foreign country)
Vern L. Abney (father)

16. (a) Informant: (b) Address: 1006 E. 13th, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/9/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: (b) Address: Sedalia, Missouri

19. (a) 9/9/46 (Date of death) (b) Betty Yeager (Date of death of local registrar) (c) Registrar's signature: (d) Deputy (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED: Missouri Pettis
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: 1006 East 13th street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION
Sept. 6
20. DATE OF DEATH: Month: Sept. day: 6
year: 1946 hour: 3:30 minute: P M.
21. I hereby certify that I attended the deceased from: Sept. 7, 1946 to: 9-16, 1946
that I last saw him alive on: 8/4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Pyloric Stenosis
Due to: Congenital
Due to:

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

Major findings: Of operations: 1576

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: (M. D. or other) M.D.
Address: Sedalia, Mo. Date signed: 9-10-46

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

251

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

9-21-76

Dr. Dyer

Sedalia Bank and Trust Bldg.

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

Phane Ewing

Licensed Embalmer No.

3847

P. O. Address

Sedalia 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.