

**FILED SEP 26 1946**

State File No. \_\_\_\_\_

Registration District No. 217

Primary Registration District No. 5950

Registrar's No. 55

1. PLACE OF DEATH

(a) County Pike  
(b) City or town Hartford Jnp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Home Rural  
(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 DAVID GROCKETT ABBOTT

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married married  
6. (b) Name of husband or wife Eda Abbott 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Apr. 30 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Newton Abbott  
13. Birthplace Pike Co. Mo.  
14. Maiden name Primie Ann Haggard  
15. Birthplace Pike Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. D. C. Abbott

(b) Address Rt 3, Bowling Green, Mo.

17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof Sept 7 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Jordan Co. Cemetery

18. (a) Signature of funeral director Grace Bankhead

(b) Address Bowling Green Mo.

19. (a) Sept. 9, 1946 (b) Bill Robinson  
(Date received final report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82  
(c) City or town Bowling Green Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6th  
year 1946 hour 9:15 minute 4 M.

21. I hereby certify that I attended the deceased from 1928  
that I last saw him alive on 9/5/46 19 46  
and that death occurred on the date and hour stated above. 19 46  
Immediate cause of death Crossing River Duration 1 yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 124B

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 2

23. Signature J. M. Mallory (M. D. or other) we  
Address Bowling Green Mo Date signed 9/9/46

RECEIVED  
District Health Officer No. 110  
District No. 9.46.1243  
Date Filed -- SEP 20 1948

### 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 Ernest M. Donkhead

Licensed Embalmer No. 2804

P. O. Address Bowling Green, 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.