

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36843**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4976**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
421 Southwest Blvd. J
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **43 Years**
 years, months or days

3. (a) PRINT FULL NAME **Franklin Joseph Abbey**

3. (b) If veteran, name war **World War 1** 3. (c) Social Security No. **495-03-1145**

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

6. (b) Name of husband or wife **Loretta** 6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **March 21 1900**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 8 5 hr. min.

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

10. Usual occupation **Retired 2 Months**

11. Industry or business **Washington Buffet**

MOTHER FATHER

12. Name **Frank Abbey**

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

14. Maiden name **Ella Fox**

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

16. (a) Informant **Loretta Abbey**

(b) Address **4739 Terrace**

17. (a) **Burial** (b) Date thereof **Nov. 29, 46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Quirk + Robin**

(b) Address **20 W. Linwood**

19. (a) **11-27-46** (b) **Geraldine Holman**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
Kansas City **3**
 (c) City or town (If outside city or town limits, write "RURAL")
 (d) Street No. **4739 Terrace** **7**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No) **0**
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **26**
 year **1946** hour **8:38** minute **A. M.**

21. I hereby certify that I attended the deceased from **June**
~~Nov. 1945~~ **1945** to **Nov. 26** 19**46**
 that I last saw him alive on **Nov. 19** 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Thrombosis** **Duration**
Immediate

Due to **Coronary Artery Sclerosis** **2 yrs**

Due to _____

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

Major findings: Of operations **g. l. w.**

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 **0**

23. Signature **Joseph E. Walker** (M. D. or other) **MD**
 Address **836 Prof. Bldg.** Date signed **11/27/46**

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

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2-45
7-39
X47070

DEC 12 1946

DEC 12 1946

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.