

X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39541

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs.
In this community Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Zelma Louise Abel

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

None

6. (c) Age of husband or wife if

alive None years

7. Birth date of deceased

April

22 1936

8. AGE:

Years

Months

Days

If less than one day

10

8

4

hr. min.

9. Birthplace

Monett

Missouri

10. Usual occupation

School child

11. Industry or business

None

12. Name

Jake Abel

13. Birthplace

Miami

Oklahoma

14. Maiden name

Zelma Mullins

15. Birthplace

Queneweg

Missouri

16. (a) Informant

Mrs. Zelma Abel

(b) Address

West Myrtle St. Monett Mo.

17. (a)

Burial

(b) Date thereof

Dec 28 1946

(c) Place: burial or cremation

100 F. bus. Monett Mo.

18. (a) Signature of funeral director

Callaway

(b) Address

Monett Missouri

19. (a)

12-27-46

(b)

W. M. West

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. Hart Myrtle
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month December day 26
year 1946 hour about 5 minute A M.

21. I hereby certify that I attended the deceased from 12/24/46

19 to 12/26/46 19

that I last saw her alive on 12/25/46 19

and that death occurred on the date and hour stated above

Immediate cause of death Secondary shock

due to scald burn

multiple Rt thigh - Rt

Shoulder + occiput

with symptoms of acute

gastric or duodenal

ulceration

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

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

RECEIVED
District Health Officer No. 6,
District File Number 147-21
Date Filed JAN 8 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.