

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39923**
Registrar's No. **46**

FILED DEC 30 1946

Registration District No. **2**

Primary Registration District No. **5241**

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **Rural--Madison Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **XXXXXX**
(If not in hospital or institution, write street number or location) **XXXXXX**
(d) Length of stay: In hospital or institution **XXXXXX** (Specify whether)
In this community **All of life** years, months or days)

3. (a) PRINT FULL NAME **SARAH M. ABBOTT**

3. (b) If veteran, name war **XXXX** 3. (c) Social Security No. **XXXXXX**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

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

7. Birth date of deceased **December 22, 1871**
(Month) (Day) (Year)

8. AGE: Years **74** Months **11** Days **21** If less than one day **XX hr. XX min.**

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

10. Usual occupation **Housewife**

11. Industry or business **XXXXX**

12. Name **Robert M. Harris**

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

14. Maiden name **Nancy Hudson**

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

16. (a) Informant **Mrs Lula Price**

(b) Address **Bear Creek, Missouri**

17. (a) **Burial** (b) Date thereof **12-15-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lindley Prairie**

18. (a) Signature of funeral director **CHURCH AND NEALE**

(b) Address **Stockton, Missouri**

19. (a) **12-20-46** (b) **Geneva Harrison**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Madison Township**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **XXXXXX**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **13** year **1946** hour **5** minute **45** P. M.

21. I hereby certify that I attended the deceased from **June 1, 1946** to **Dec 11, 1946**
that I last saw him alive on **Dec 11, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **substitutional nephritis**

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 **L. D. Hunt** (M. D. or other)

Address **Fair Play** Date signed **12/11/46**

RECEIVED
District Health Officer No. 7
District No. 11-46-367
Date Filed 12-2-46

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.