

No. 2
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17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1947

Registration District No. _____

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4415

43621

State File No. _____

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Clarksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME George Sexton Abington

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Amelia Abington 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan 5 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Nathaniel Abington

13. Birthplace Forestville Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Robert Phillips

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant: Amelia S. Abington

(b) Address Clarksville Mo

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

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Harry Carroll

(b) Address Clarksville Mo

19. (a) Jan 26-47 (b) John C. Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82
(c) City or town Clarksville 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25th
year 1946 hour 10.20 P minute _____ M.

21. I hereby certify that I attended the deceased from Dec 5th 1946 to Dec 25th 1946
that I last saw him alive on Dec 24th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death uracemia

Due to nephritis Chronic

Due to not known

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

Major findings:
Of operations _____

Of autopsy 131B

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 E. M. Bartlett (M. D. or other) _____

Address Clarksville Mo. Date signed 12/27/46

Duration
20 days
142 days
72 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Dec 26

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clifton M. Miller
Licensed Embalmer No. 3364
P. O. Address Elsherry, Md.

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.