

FILED APR 17 1947

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether)
In this community all her life
(years, months or days)

3. (a) PRINT FULL NAME

Mary Smith Abney

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Female 5. Color or race wh. 6. (a) Single, widowed, married,
divorced married
6. (b) Name of husband or wife Harry Wood Abney 6. (c) Age of husband or wife if
alive 57 years
7. Birth date of deceased Jan 22 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 2 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Dr. Thomas A. Smith

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

14. Maiden name Kate Howard

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

16. (a) Informant Harry Wood Abney

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof Mar. 30, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smiths Memorial Cem.

18. (a) Signature of funeral director Campbell Lewis

(b) Address Marshall, Mo.

19. (a) Mar 29-1947 (b) Sidney T. Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Marshall 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 March day 28
year 1947 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from Nov 1, 1946, to March 28, 1947
that I last saw him alive on 3/27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiac Failure
Dissecting - Cerebral Thrombosis 1 week
Due to Hypertensive 10 years
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations 3/28
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
23. Signature C. A. Veatch M.D. (M. D. or other)
Address Marshall, Mo. Date signed 3/29/47

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-15-47

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. 3469

P. O. Address Marshall, 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.