

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30831

State File No. _____

FILED OCT 3 1947

Registration District No. 26

Primary Registration District No. 3019

Registrar's No. 230

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Annnett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Presnell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 1 week (Specify whether
In this community About 1 week
years, months or days)

3. (a) PRINT FULL NAME Willa Mae Abshire

3. (b) If veteran, name war X 3. (c) Social Security No. 490-12-4604

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased June 14, 1914
(Month) (Day) (Year)

8. AGE: Years 33 Months 2 Days 27 If less than one day
hr. min.

9. Birthplace Pemiscot, Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Factory

11. Industry or business X

12. Name John Glass
13. Birthplace Hayti, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ella Helton
15. Birthplace Pemiscot, Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Palmer
(b) Address Caruthersville, Mo.
17. (a) Removal (b) Date thereof 9/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. L. Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 9-29-47 (b) Earl J. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 1002 Grand
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-6, 1947, to 9-11, 1947
that I last saw her alive on 9-11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Appendectomy
Due to Acute Appendicitis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 12
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 0

23. Signature E. K. Thence (M. D. or other)
Address Annnett, Mo. Date signed 9-26-47

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1047-1283

Date Filed 10-1-47

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.....

William D. Pike....., Registered Apprentice No. 440
working under my personal supervision.

Signed James A. Dufurn
Licensed Embalmer No. 4185
P. O. Address Lawrenceville, 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.