

7. S. No. 2-
M-11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35013

State File No. _____

Registration District No. 1972

Primary Registration District No. 4308

Registrar's No. 13

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Noel Rural

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town Noel Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Floyd Raymond Abercrombie

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____

3. (c) Social Security No. 722-05-1327

20. DATE OF DEATH: Month Aug. day 19
year 1947 hour 11 minute 30 P. M.

4. Sex Male 5. Color or race white

21. I hereby certify that I attended the deceased from _____
1947, to Aug 19, 1947
that I last saw him alive on Aug 19, 1947
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Ella Ruth Abercrombie

6. (c) Age of husband or wife if alive 17 years

Immediate cause of death: Myocardial insufficiency

Due to Endocarditis due to inflammatory rheumatism

7. Birth date of deceased Feb 27 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

24	5	22	hr. _____ min.
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Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Benjamin Harrison Abercrombie

13. Birthplace Benton Co. Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Laura Thomas

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

16. (a) Informant Fonntic Abercrombie

(b) Address Noel, Mo., R2

17. (a) Burial (b) Date thereof Aug 21 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler Creek Cemetery

18. (a) Signature of funeral director ER Rydahl

(b) Address Gravette, Ark

19. (a) 9-10-47 (b) Virginia Bush
(Date received local registrar) (Registrar's signature)

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 F. D. Fountain (M. D. or other) DO

Address Noel, Mo. Date signed Aug 20

Duration 3 weeks

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 10 47-1072

Date Filed OCT 20 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 E R Pyatt

Licensed Embalmer No. 3211

P. O. Address Heavette, Ark.

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, above space should be left blank.