

FILED DEC 12 1947
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 37675

Registrar's No. 993

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1445 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Harrison Abbott

3. (b) If veteran, name war None 3. (c) Social Security No. 491-03-3013

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Abbott 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July 4, 1880 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 14 hr. min.

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

10. Usual occupation Retired Bus Operator

11. Industry or business Bus Driver Utility Co.

12. Name Martin Abbott Kentucky

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

14. Maiden name Melvina Adkins, Unknown

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

16. (a) Informant Lillie Abbott

(b) Address 1445 Benton, Springfield

17. (a) Burial (b) Date thereof 11-21-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Munger Cemetery.

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 11-21-47 (b) W. E. Handley, M.D. (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 1445 Benton (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19, year 1947 hour 12:00 minute None M.

21. I hereby certify that I attended the deceased from Nov 8 1947 to Nov 19 1947 that I last saw him alive on Nov 19 1947 and that death occurred on the date and hour stated above. Duration

Immediate cause of death Apoplexy (Cerebral Hemorrhage) 7 hrs.

Cerebral Hemorrhage

Due to Cerebral Hemorrhage

Due to Uremia

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

Major findings: Of operations none 83A

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence Mo.

(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? (Specify type of place)

While at work 0 (e) Means of injury 0

23. Signature W. E. Handley (M. D. or other)

Address 219 1/2 E Walnut Date signed 11/20/47

Springfield Mo.

(Licensed Embalmer's Statement on Reverse)

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

MOTHER FATHER

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. 4074

P. O. Address

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.