S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28-14 38603
State File No.

FILED DEC 9 1947
Registration District No. 766

Primary Registration District No. 2005

Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 (Specify whether
In this community 66 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Mile South Sarcoxie
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Allen Abbott
3. (b) If veteran, name war no
3. (c) Social Security No. 443-22-7169

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice M. Abbott
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Aug (Month) 9 (Day) 1881 (Year)

8. AGE: Years 66 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Wentworth (City, town, or county) Mo (State or foreign country) 6
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name James Abbott
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Mary Cox
15. Birthplace Wentworth (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Alice M. Abbott
(b) Address Joplin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3047 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Lawn
18. (a) Signature of funeral director Wilbur Bros
(b) Address Purcell Okt Mo
19. (a) 11-5-47 (Date received local registrar) (b) Dolores Lamphere (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1947 hour minute P.M.
21. I hereby certify that I attended the deceased from Oct 22 1947, 19..., to Oct 28 1947, 19...; that I last saw him alive on Oct 28 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: pulmonary tuberculosis	several months
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: none	
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) no
(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? (Specify type of place)
(e) Means of injury
(f) Signature (M. D. or other)
Address Date signed 10-47

(Licensed Embalmer's Statement on Reverse Side)

47-11-938

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~~ Edwin P Wilks, Registered Apprentice No. ....., working under my personal supervision.

Signed Edwin P. Wilks

Licensed Embalmer No. 4131

P. O. Address Pierce City 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.