

No. 2
-1/47
5-17-39

38604

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

49
2
5
FILED DEC 9 1947 56

Registration District No.

Primary Registration District No. 2001

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: Smith Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 10 years
(Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 47
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2215 Empire St 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Franklin Abbott
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 23rd
year 1947 hour 7 minute 05 P M.

4. Sex male race white
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 1st 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 22 1947, to Oct 22 1947
that I last saw him alive on Oct-22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Coronary Heart Disease
Due to
Due to
Other conditions: (Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause of which death should be charged statistically.

8. AGE: Years Months Days If less than one day
85 6 22 hr min

9. Birthplace Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business

MOTHER FATHER
12. Name no record
13. Birthplace no record
(City, town, or county) (State or foreign country)
14. Maiden name no record
15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant John Alms
(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof Oct 26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1009 Cemetery, Marionville, Mo

18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Missouri

19. (a) 10-24-47 (b) Dolores Thompson, M.D.
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
Signature: C. E. Coak (M. D. or other)
Address: Joplin, Mo Date signed: 10-25-47

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

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.....

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.