No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 21 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 3961
Registrar's No. 183

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Public Place -7th & Mason Sts
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community Not
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County New York 999
(c) City or town New York City 30
(If outside city or town limits, write "RURAL")
(d) Street No. 3023 42nd st. 0
(If rural, give location)
(e) Citizen of foreign country? No 2
(Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANCIS LOUIS ABAD
3. (b) If veteran, name war World War # II
3. (c) Social Security No. 100-18-5135

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Patricia
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased June (Month) 10, (Day) 1925 (Year)

8. AGE: Years 22 | Months 8 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace Quincy (City, town, or county) Massechusetts (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business Barrymore shows
MOTHER
12. Name Frank Abad -
13. Birthplace Quincy (City, town, or county) Massechusetts (State or foreign country)
FATHER
14. Maiden name Christine Philip
15. Birthplace Quincy (City, town, or country) Massechusetts (State or foreign country)
16. (a) Informant Frank Abad (father)
(b) Address 3023 42nd St. Astoria L.I.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Long Island New York
18. (a) Signature of funeral director John E Yunker
(b) Address 6054 Prior Ave., St. Joseph, Mo.
19. (a) 2-16-48 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12, year 1948 hour 7 minute 45 P. M.
Viewed
21. I hereby certify that I attended the deceased from Feb 12th 48, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Injuries received in Auto Accident	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 131
(b) Date of occurrence New York Feb 12th 1948
(c) Where did injury occur? St, Joseph, Mo,
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
While at work? yes (Specify type of place) (e) Means of injury Auto
23. Signature B. W. Tadlock Coroner
Address KING HILL BLDG Date signed 2/13/48
St. Joseph, Mo.

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

MAR 18 1948

FEB 25 1948

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 under

..... Registered Apprentice No.....

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, [illegible]

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.