

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5258**
Registrar's No. **28**

FILED FEB 19 1948
Registration District No. **3028**

Primary Registration District No. **3028**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **718 E. 2nd. St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **No**
(Specify whether
In this community **Lifetime**
years, months or days)

3. (a) PRINT FULL NAME **Elizabeth Lucile ABRAM**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **September 11, 1922**
(Month) (Day) (Year)

8. AGE: Years **25** Months **4** Days **22** If less than one day hr. min.

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

10. Usual occupation _____
11. Industry or business _____

12. Name **Claude Abram**
13. Birthplace **Burwick, Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Hazel Rout**
15. Birthplace **Jasper Co. Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Claude Abram**
(b) Address **718 E. 2nd. Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **2-6-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**
(b) Address **Carthage, Mo.**

19. (a) **2-6-1948** (b) **L. B. Clinton, Jr.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **718 E. 2nd. St.,**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **3rd.**
year **1948** hour **2:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 12, 1941** to **Feb 3, 1948**
that I last saw her alive on **found dead in bed 8 AM 2/3/48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocardial failure** Duration **immediate**
Due to **Epileptiform seizure** **6 yrs.**
Due to **Endocrine obesity** **6 yrs**
Other conditions **Hypothyroidism** **6-8 yrs**
(Include pregnancy within 9 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) _____
(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) _____
(c) Means of injury _____
23. Signature **Emily J. McIntire** (M. D. or other) **MD**
Address **Carthage, Mo.** Date signed **Feb 5/48**

WRITE PLAINLY—USE 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.....

Marion Y. McCormick
Marion Y. McCormick

Registered Apprentice No. 17

working under my personal supervision.

Signed

Ed. C. Ulmer
Ed. C. Ulmer

Licensed Embalmer No. 2222

P. O. Address. Carthage, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. March

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 28

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Elizabeth L. Abram
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept (Month) 1 (Day) 19 (Year)

8. AGE: Years 25 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace At home (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day 1 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

S-5258 1948