

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 13 1948  
200

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1.13317  
State File No. 1.13317  
Registrar's No. 3-18

Registration District No. \_\_\_\_\_

Primary Registration District No. 5725

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Rural-- Hudson  
(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 \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Harland Wallace Abbott

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

4. Sex Male 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: June 24 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
9 11 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Harland Abbott

13. Birthplace Macon Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Teter

15. Birthplace Macon Co. MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Abbott

(b) Address Macon, Mo.

17. (a) Burial (b) Date thereof 4/6/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Macon, Co.

18. (a) Signature of funeral director Robert S. Kerner

(b) Address Macon, Mo.

19. (a) 5-7-48 (b) Ruth McNeely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Macon A. F. O.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1948 hour 5 minute 15 p.m.

21. I hereby certify that I attended the deceased from March 15 1948 to April 4 1948  
that I last saw him alive on April 4  
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis  
Due to Otitis Media  
Due to Measles

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 \_\_\_\_\_

23. Signature A. L. Gurdner M. D. or other D.O.  
Address Macon Date signed 4/7/48

Duration

3 wks

1 wk

1 wk

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10  
District File Number 5-48-813

MAY 12 1948

Date Filed

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.....

Thos. L. Ball

Registered Apprentice No. 37

working under my personal supervision.

Signed.....

Albert H. Hinner

Licensed Embalmer No. 751

P. O. Address.....

Macon, 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.