

FILED MAY 22 1948

Registration District No. 229

Primary Registration District No. 3052

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days (Specify whether  
In this community 54 years years, months or days)

3. (a) PRINT FULL NAME MARY E. Russell Abell

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Dr. Daniel T. Abell 6. (c) Age of husband or wife if alive 18 1/2 years  
7. Birth date of deceased Jan 2 1854 (Month) (Day) (Year)

8. AGE: Years 92 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Milan, Bradford Co Penn (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Ralph Woodruff Russell  
13. Birthplace Penn (City, town, or county) (State or foreign country)  
14. Maiden name Bethiah C. Wheaton  
15. Birthplace Penn (City, town, or county) (State or foreign country)

16. (a) Informant Miss Alice Harris  
(b) Address 407 W. Bdwy Sedalia Mo

17. (a) Removal (b) Date thereof 5-3-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Towanda Penn

18. (a) Signature of funeral director M. C. Laughlin Bros  
(b) Address Sedalia Mo

19. (a) 5-3-48 (b) Betty Yeager (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80  
(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 407 West Broadway 40  
(If rural, give location)  
(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

May 1st, 1948.

20. DATE OF DEATH: Month May 9.40 P.M. year hour minute M.

21. I hereby certify that I attended the deceased from Over 20 years that I last saw him er alive on May 1st, 1948.

Immediate cause of death Terminal Pneumonia. Duration 2 days.

Due to Hypertensive Heart Disease 3 yrs  
Senility 5 yrs.

Other conditions Old Fracture of Rt Hip-March 22nd,  
(Include pregnancy within 3 months of death) 1947.

Major findings:  
Of operations None. q37  
Of autopsy None.  
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) None.  
(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? No B. Carlisle M.D. (Specify type of place) (Means of injury)

23. Signature No B. Carlisle M.D. (M. D. or other) May 3rd,  
Address Sedalia Mo Date signed 1948

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-21-48

JUN 22 1948

MAR 28 1948

JUN 2 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 by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.