

FILED JUN 30 1948-7
Registration District No.

Primary Registration District No. **55-86**

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

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **rural -- Hiway 66 -- Marion**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **hospital**
died in ambulance enroute to
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **--** (Specify whether)

In this community **40 years**
years, months or days

3: (a) PRINT FULL NAME **LENA ABBOTT**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

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 **June 11 1870**
(Month) (Day) (Year)

8. AGE: Years **78** Months **0** Days **10** If less than one day **hr. min.**

9. Birthplace **Clearport Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **-----**

MOTHER FATHER

12. Name **Lafayette Abbott**

13. Birthplace **unknown Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Lysinger**

15. Birthplace **unknown Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. F. Shaffer**

(b) Address **116 Howard, Carthage, Mo.**

17. (a) **burial** (b) Date thereof **June 23, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage, Missouri**

19. (a) **6-22-1948** (b) **L.B. Clinton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Carthage** **1**
(If outside city or town limits, write "RURAL")

(d) Street No. **116 Howard St.** **3**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21st**
year **1948** hour **8** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **JAN 27/48**
19 **19** to **JUNE 21** 19 **48**

that I last saw **H.R.** alive on **JUNE 21st** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Lobar Pneumonia** **4 hrs**

Due to **Myocardial degeneration**

Due to **Arteriosclerosis**

Other conditions **High Blood Pressure**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **93 P.**

Of autopsy **---**

PHYSICIAN **---**
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) **---** (e) Means of injury **---**

23. Signature **Wm Wells-Lee** (M. D. or other) **D.D.**
Address **831 Prospect Ave.** Date signed **6/1/48**

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.