

FILED JUL 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20428

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Unionville
(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 Life _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Mildred L. Abbott3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex F 5. Color or W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles E. Abbott
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased: 10 29 1884
(Month) (Day) (Year)

8. AGE: 63 Years 8 Months 3 Days
If less than one day
hr. _____ min. _____

9. Birthplace Mo. _____
(City, town, or county) (State or foreign country)10. Usual occupation Home Work

11. Industry or business _____

12. Name Z. T. Dover13. Birthplace Iowa _____
(City, town, or county) (State or foreign country)14. Maiden name Ellen Rowland15. Birthplace Iowa _____
(City, town, or county) (State or foreign country)16. (a) Informant Charles E. Abbott(b) Address Unionville, Mo.17. (a) Burial (b) Date thereof July 4th. 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Unionville Ceme.18. (a) Signature of funeral director Husted & Son(b) Address Unionville, Mo.19. (a) 7-10-48 (b) Marcelle Durb...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86
(c) City or town Unionville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1948 hour 10:00 minute _____ M.21. I hereby certify that I attended the deceased from April 8 1948
to July 2 1948
that I last saw him alive on July 2 1948
and that death occurred on the date and hour stated above.
Immediate cause of death: Carcinoma of Stomach 2 years
Duration _____Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy 46 B

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) _____ (Means of injury) _____

23. Signature Phas Lee Judd (M. D. or other) D.O.
Address Unionville, Mo. Date signed 7-3-48

RECEIVED

District Health Officer

District File Number 7-48-11

Date Recd JUL-13-1940

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.....

J. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville, N.C.

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.