

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1948

Registration District No. 143

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5560

State File No. 32756

Registrar's No. 76

1. PLACE OF DEATH:

(a) County HOWELL
(b) City or town RURAL - Willow Spgs. Twp.
(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 34 years
years, months or days

3. (a) PRINT FULL NAME ALBERT OTTO ABBEY

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife GRACE RISHER ABBEY 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased NOV. 10 - 1886
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 14 If less than one day
hr. min.

9. Birthplace BUNKER MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business:

12. Name RUBEN ABBEY

13. Birthplace NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name MARY Cox

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

16. (a) Informant Mrs. Grace Abbey

(b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof 10/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery, Willow Spgs.

18. (a) Signature of funeral director J. B. Burns

(b) Address Willow Springs, Mo.

19. (a) 10/30/48 (b) Marshall Ballard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Howell

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Willow Spgs Twp
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct. day 24
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____ and that death occurred on the day and hour stated above.

Immediate cause of death Chronic Alcoholism and exposure
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 77C

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 _____

Signature Mayne C. Hornburg (M.D. or other)

Address West Plains, Mo. Date signed 10/29/48

RECEIVED 11-9-48
District Health Officer No. 1148695
District File Number 11-12-48
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.....

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

Signed *R. Burns*

Licensed Embalmer No. *4214*

P. O. Address *Willow Springs*

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.