

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42482

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell
 (b) City or town Mountain View, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: No
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No
 (Specify whether
 In this community 8 Months
 years, months or days)

3. (a) PRINT
FULL NAMERoy Gene Abbey

3. (b) If veteran,

name war No

3. (c) Social Security

No No4. Sex M5. Color or
race W6. (a) Single, widowed, married,
divorced Baby

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased April 1st 1948

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

8

hr. _____ min.

9. Birthplace Mtn View, Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

Infant

11. Industry or business

12. Name A.C. Abbey13. Birthplace Mountain View, Mo

(City, town, or county)

(State or foreign country)

14. Maiden name Ida Becker15. Birthplace Mtn View, Mo

(City, town, or county)

(State or foreign country)

16. (a) Informant A.C. Abbey(b) Address Mountain View, Mo17. (a) Burial (b) Date thereof Dec 5, 1948

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Mountain View, Mo18. (a) Signature of funeral director Summersville(b) Address Mountain View, Mo19. (a) Jan 31 1949 (b) Laura M. Miller

(Date received local registrar)

(Name of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
 (c) City or town Mountain View, Mo
 (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 Dec. day 3rd
 year 1948 hour 5 minute _____ PM.

21. I hereby certify that I attended the deceased from DEC 1
1948 to DEC 2, 1948
 that I last saw him alive on DEC 2, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchial pneumonia

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

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)
 (e) Means of injury Dr. Lawrence Summersville

23. Signature Dr. Lawrence Summersville M.D. or other _____
 Address Summersville Date signed Dec 3

RECEIVED 1-10-49
District Health Officer No. 5
1493
1-13-49

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

John J. Duncan

Licensed Embalmer No. 25-16.

P. O. Address *Atkinson Co.*

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.