FII	Re	DVS DEC	)	3042	Prin	nary Registratio	on Distr	rict No. 10	00 Registr	rar's No	1317		STATE F	ILE NUA	ABER
_[									Ho uguar	DECIDENC	F 040 - 1		ived. If instit		Carlon Late
ı	1.	e. COUNTY	Buc	hanan						issou	e (where de ri	COUNTY	hichanan	ution: K	admission)
-		b. CITY (If or	utside corp	orate limits	, give TOWN	SHIP only)	len	gth of stay in 1b	c. CITY OR				1 14-	•	Inside Limits
ı		TOWN	St.	Josep	h		18	3 years.	₩ town	۹ St.	Joseph	a		l	Yes 🗓 No [
		c. FULL NAM HOSPITAL INSTITUTION	OR '		ital, give loca . Hosp:	-	•	Inside Limits Yes 🕅 No 🗀	d. STREI ADDR	ESS	028 Lo		, give location	1)	Reside on Fari
									11						
ı	3.	(Type or print			First		Middl	le	Last		4. DATE OF		Nonth	Day	Year
I.				J	osiah	1	Wate	son	Abel		DEATH D	ecemb	er 14,		<u> </u>
ı	5.	SEX		6. COLOR	OR RACE	7. Married		Never Married 🗌		F BIRTH	9. AGE (las	t birthday	) IF UNDER	1 YEAR Days	IF UNDER 24
		Male	1	White	!	Widowed		Divorced	Sept.	5,187	1 89	9	Months	Days	nours   M
	10a	. USUAL OCCU	PATION (	Give kind o	f work done	10b. KIND O	F BUSI	NESS OR INDUST	RY 11. BIRTH	PLACE (C	ty and state o	or country	) 12. CITIZI	EN OF V	VHAT COUNTE
1		during most g	et working et.	Minist	it retired) .er	Method	dist	Church	Scho	als.	Indiana	3.	l u	ISA	
•	13a	FATHER'S NA	WE					R'S MAIDEN NAA					F HUSBAND OF	RWIFE	
j	Josiah Abel					Nancy Watso			on	n			e Grow	Abel	,
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?					16.	16. SOCIAL SECURITY NO.			AANT	ļ		Address		<u>_</u> _
1	(Yes, no, or unknown) (If yes, give war or dates of ser					service)	nc	one	Mra S	allie	G. Ab	e1	St.Jos	eph.	Mo.
- 1									True of o	~					
SOCOMEIN			F DEATH ( PART ).	Enter only of DEATH WAS IMMEDIA	one cause per S CAUSED BY ATE CAUSE (a	line for (a), (b		(c).	Tre					QN	ERVAL BETWE SET AND DEA MERS
COCOMEN			Condition which gas above castating th	Enter only of DEATH WAS IMMEDIA s, if any, re rise to use (a), e under-	one cause per S CAUSED BY ATE CAUSE (a DUE TO (b	line for (a), (b		(c).						QN	SET AND DEA
1	CATION		PART I.  Condition which gas above castating the lying casta	Enter only of DEATH WAS  IMMEDIA s, if any, re rise to use (a), e under- rise last.  OTHER SIG	DUE TO (	line for (a), (b):  Duble of the control of the con	o), and	(c).	The but not re	Ruf	ture		Tilli. If dece there a	ON Passed v	vas female
	CERTIFICATION		Condition which gas above constaining the lying cast PART II.	Enter only of DEATH WAS  IMMEDIA s, if any, re rise to use (a), e under- rise last.  OTHER SIG	DUE TO (   DUE TO (   DUE TO (	line for (a), (b):  Duble of the control of the con	ONTRII	BUTING TO DEA	TH but not re	Rup	the terminal	PAR	there a	eased v	vas female cy in last 90
		19. WAS AUT	Condition which gas above constaining the lying cast PART II.	Enter only of DEATH WAS IMMEDIA s, if any, or rise to use (a), or under- sse last.  OTHER SIG disease con the control of the c	DUE TO (ENIFICANT C	c) ONDITIONS C in PART I (a) E HOMICIDI	ONTRII	BUTING TO DEA	TH but not re	Rup	the terminal	PAR	there a	eased v	vas female cy in last 90
		19. WAS AUT PERFORM YES 1 NO TIME OF INJURY	Condition which gas above costating the lying call PART II.  OPP. III.  OPP.	Enter only of DEATH WAS IMMEDIA s, if any, re rise to luse (a), e under- se under- se last.  OTHER SIG disease con Month, D	DUE TO (ENIFICANT CONTINUED BY YEAR DUE TO (ENIFICANT CONTINUED BY YEAR DUE,	c) ONDITIONS C in PART I (a)  Die HOMICIDI	CONTRIL	BUTING TO DEA	TH but not re	Rup	the terminal	PAR	there a	eased v	vas female cy in lest 90 o Unk
	Show would	19. WAS AUT PERFORM YES 1 1 20c. TIME OF INJURY WHILE A NOT WH	Condition which gas above costating the lying care PART II.  OPPER II.  OPPER III.  OPPER III.  OCCURRET I WORK III.  ILLE AT WITH III.	Enter only of DEATH WAS IMMEDIA s, if any, he rise to use (a), e under-rise last. OTHER SIG disease con Month, D DRK	DUE TO (ENIFICANT CONTINUED BY YEAR DUE TO (ENIFICANT CONTINUED BY YEAR DUE,	c) ONDITIONS C in PART 1 (a) E HOMICIDI OF INJURY (e factory, street,	CONTRIL	BUTING TO DEA  20b. DESCRIBE HC	TH but not re	Rup elated to CCURRED.	the terminal (Enter nature	PAR of injury	in PART I or P	eased very pregnance N ART III of	vas female cy in lest 90 o Unk
	Show would	19. WAS AUT PERFORM YES   10 PERFORM YES	Condition which gas above costating the lying care PART II.  OPPER II.  OPPER III.  OPPER III.  OCCURRET I WORK III.  ILLE AT WITH III.	Enter only of DEATH WAS IMMEDIA s, if any, we rise to luse (a), e under- sze last.  OTHER SIG disease con Month, D  DRK   DRK   DRK   DRK   DRK   DRAGE TOTAL TOTA	DUE TO (ENIFICANT CONTINUED BY YEAR DUE TO (ENIFICANT CONTINUED BY YEAR DUE,	c) ONDITIONS C in PART 1 (a) E HOMICIDI OF INJURY (e factory, street,	CONTRIL	BUTING TO DEA  LL - Ch  20b. DESCRIBE HO  or about home, bldg., etc.)	THE BUT NOT TO	Ruppelated to CURRED.	the terminal (Enter nature	of injury	in PART I or P	on passed v pregnand N	vas female cy in last 90 o Unk of item 18.)
		19. WAS AUT PERFORM YES   10 PERFORM YES	Condition which gas above condition with gas above condition which gas	Enter only of DEATH WAS IMMEDIA s, if any, we rise to luse (a), e under- sze last.  OTHER SIG disease con Month, D  DRK   DRK   DRK   DRK   DRK   DRAGE TOTAL TOTA	DUE TO (CONTIFICANT CONTIFICANT CONTIFICANT CONTIFICANT CONTIFICANT CONTIFICANT CONTIFICANT SUICIDARY, Year 20e. PLACE farm, 1	c) ONDITIONS C in PART I (a)  PART I (a)  OF INJURY (e factory, street,	ONTRIL	BUTING TO DEA  BUTING TO DEA  20b. DESCRIBE HC  or about home, bidg., etc.)  m on ti	THE but not re  We wanted  THE but not re  We wanted  THE but not re  We wanted  THE but not re  THE but not r	Rufe slated to CURRED.	the terminal (Enter nature LOCATION  Location d to the best	of injury	COUNTY  COUNTY	eased very pregnant N PART III of the cau	vas female cy in lest 90 o Unk of item 18.)  STATI
	STUDIO MONSHOW ON'T'	19. WAS AUT PERFORM YES   1 20c. TIME OF INJURY A NOT WH 21.   attended to be at the second of the s	Condition which gave above castating the light grant g	Enter only of DEATH WAS IMMEDIA s, if any, we rise to luse (a), e under- sze last.  OTHER SIG disease con Month, D  DRK   DORK   23b. DATE	DUE TO (ENIFICANT CONTINUED ON PLACE Farm, 1	OF INJURY (e factory, street,	CONTRIL	BUTING TO DEA  BUTING TO DEA  Cor about home, bidg., etc.)  m on the	TH but not re  WARNA  W INJURY OC  20f. CITY, TO  H I G U  the date stated  22b, ADDRE	Ruff to LCURRED.	the terminal (Enter nature  LOCATION  last saw him d to the best	of injury	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	on the cau	vas female cy in last 90 o Unku of item 18.)
17.77	Shang Acouston on 17 123	19. WAS AUT PERFORM YES OF METERS OF	Condition which gas above castating the lying call part of the latest the lat	Enter only of DEATH WAS IMMEDIA s, if any, we rise to luse (a), e under- race last.  OTHER SIG disease con MACCIDE  Month, D  DRK   assed from 9:	DUE TO (ENIFICANT Codition given Day, Year 20e. PLACE farm, 6	OF INJURY (e factory, street,	CONTRIL	BUTING TO DEA  BUTING TO DEA  20b. DESCRIBE HO  or about home, bldg., etc.)	TH but not re  WARNA  W INJURY OC  20f. CITY, TO  H I G U  the date stated  22b, ADDRE	Rufe slated to CCURRED.	the terminal (Enter nature LOCATION  Location	of injury alive on_ of my kr	COUNTY  COUNTY	on the cau	vas female ey in last 90 to Unk of item 18.)  STAT

## VS JAN 4 1961

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by		, Student Embalmer No														
working under my personal supervision.										<i>A</i>	1		X	18 1	//	ţ
Student		Signature	of Stud	lent E	mbalmer			_ Si	gned		1	N. H	1/3		arri	M
												Licens	ed Emba	Imer No	25	5
												P. O.	Address_	H	H	10
Note: 1	The	above	MUST	ΒE	SIGNED	BY	THE	LICENSED	EMBALM	ER in	his	OWN	HANDV	VRITING.	(Failure	to co

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.