N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D AUG 18 1939

26221
Do not use this space.

1. PLACE OF DEATH
(a) County Marion
(b) Township Mason
(c) or City Hannibal
Registration District No. 547
Primary Registration District No. 3029 Registered No. 207
(d) Street No. ST. Elizabeth Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 140 Joseph M. Abell
(a) Residence, No. 1401 Robinson St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Mary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-1-1851

7. AGE: Years 87 | Months 10 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Conn.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) William Abell 1401 Robinson Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL Near Center Mo
PLACE ST Paul. Cem. DATE July 3rd 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James O'Donnell Hannibal Mo

20. FILED July 12, 1939 W C Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June. 30 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1939, to 6-30, 1939
I last saw h. in live on 6-29, 1939 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

94 b

Other contributory causes of importance: Arterio sclerosis

Name of operation no Date of
What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joel W Hardesty M. D.
(Address) 488 Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J Osborne

Licensed Embalmer No. 3246

P. O. Address Hannibal Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.