

REGISTRATION DISTRICT NO. 404

Primary Registration District No. 5558

Registrar's No. 80

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Hickman Mills, Mo. R #1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
87th and Indiana Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Miss Abbie M. Daley  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 23rd 1868  
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dixon Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
12. Name Willard J. Daley  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Townsend  
15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William E. Daley  
(b) Address Hickman Mills, Mo. R #1

17. (a) Burial (b) Date thereof Sept. 29 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director R. V. Lindsey & Sons  
(b) Address 3911 Broadway

19. (a) 10-9-39 (b) R. V. Lindsey & Sons  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Hickman Mills, Mo. R #1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 87th & Indiana  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 27th day Sept  
year 1939 hour 1:00 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 1, 1939, to Sept 27, 1939;  
that I last saw her alive on Sept 24, 1939,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cancer of the Breast Duration Three years

Due to \_\_\_\_\_  
Due to 50  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no Autopsy  
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 \_\_\_\_\_  
23. Signature R. C. [unclear] (M. D. or other) \_\_\_\_\_  
Address 4 P 4 1/2 W 55th Date signed 9/27/1939

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 25 1943

M. R. C. Ragan  
404 1/2 W. 75 St.

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.....

*Ralph E. Miller*

Registered Apprentice No. *164*

working under my personal supervision.

Signed

*Ralph E. Miller*

Licensed Embalmer No. *3738*

P. O. Address *M. R. C. Ragan*

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

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