

Dr. So. 11

7666

State File No. _____

Registrar's No. 2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

MAR 11 1940

Registration District No. 651

Primary Registration District No. 5863

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural Pemiscot
(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 2 yrs. years, months or days

3. (a) PRINT FULL NAME Betty Bernice Abbott

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female race white

5. Color or race _____

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased 12 (Month) 3 (Day) 1936 (Year)

8. AGE: Years 3 Months 1 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Charlie Abbott

13. Birthplace Pemiscot Co. Mo (City, town, or county) (State or foreign country)

14. Maiden name Maple Clemp

15. Birthplace Cotton wood Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charlie Abbott

(b) Address Cynthiansville Mo

17. (a) Burial (b) Date thereof 1-5-1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H. J. Smith

(b) Address Cynthiansville Mo

19. (a) Jan 11 1940 (b) Ada Martin (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. near Cotton wood. (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1940 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 4 1940, to Jan 4 1940 that I last saw her alive on Jan 4 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Slychrem poisoning (accidental)

Due to ingestion of Typhoid pills.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration 1 hr.

PHYSICIAN _____

Underline the cause to which death should be charged statistically

Major findings: Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accidental

(b) Date of occurrence 1-4-40

(c) Where did injury occur at home (City or town) (County) (State) Mo

(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 ccastle (M. D. or other) _____

Address Cynthiansville Mo Date signed 1/4/40

WHILE FLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X1951

38-2-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.