

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

**12165**  
Do not use this space.

**FILED APR 23 1940**

1. PLACE OF DEATH  
 (a) County Ray Registration District No. 744  
 (b) Township Richmond or 0 Primary Registration District No. 3035  
 (c) City 0 (d) Street No. \_\_\_\_\_ 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 John McAbel  
 (a) Residence, No. Richmond, Mo., N. Institute St (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosie McAbel  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb; 1, 1887  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 1 16  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Rayville, Mo. 0  
 FATHER 13. NAME Jack McAbel  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Mo. 0  
 MOTHER 15. MAIDEN NAME Rebecca Owens  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Braymer, Mo. 0  
 17. INFORMANT (ADDRESS) Rosie McAbel Richmond, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond, Mo. DATE March 19, 1940  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. Thurman Richmond, Mo.  
 20. FILED Mar. 18, 1940 Malcol Jackson 9/15 (Address) Richmond Mo  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16 40  
 22. I HEREBY CERTIFY, That I attended deceased from 3-1-40 to 3-16-40  
 I last saw him alive on 3-16-40. Death is said to have occurred on the date stated above, at 4:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of sigmoid  
 Date of onset ?  
 Other contributory causes of importance: 4/10  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis pt. ex Was there an autopsy yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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) Sho J. Cook M. D.  
Richmond Mo (Address)

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.

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 4-10-40

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**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.**