

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **158880**Registration District No. **744**Primary Registration District No. **3035**Registrar's No. **46**

1. PLACE OF DEATH:

(a) County Ray
 (b) City or town Richmond, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At his sister's Mrs. Paul Thompson
Repph Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community All his life.
 years, months or days)

3. (a) PRINT FULL NAME Claude "Buddy" Mabel 214

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Mary Wene Mabel 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased April 11, 1905
(Month) (Day) (Year)8. AGE: Years 35 Months — Days 24 If less than one day _____ hr. _____ min.9. Birthplace Richmond, Mo. (City, town, or county) (State or foreign country) A10. Usual occupation Truck driver11. Industry or business 612. Name Ernest Mabel13. Birthplace Germany (City, town, or county) (State or foreign country) A14. Maiden name Leola Owen15. Birthplace Ray County, Missouri (City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Buddy Mabel(b) Address Richmond, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1940 (Month) (Day) (Year)(c) Place: burial or cremation Sunny Slope Cemetery

18. (a) Signature of funeral director _____

(b) Address 302 East Main St., Richmond,19. (a) May 6-40 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray
 (c) City or town Richmond
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1940 hour 9 minute 9 M.21. I hereby certify that I attended the deceased from Dec, 1939, to May 5, 1940
that I last saw him alive on May 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma of Spleen

Due to _____

Due to 110

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

Major findings: _____ Of operations No operationOf autopsy None

PHYSICIAN

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? _____

At work (Specify type of place) (e) Means of injury _____23. Signature E. D. Green (M. D. or other) _____Address Richmond, Mo. Date signed 5-6-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-14-40

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.....

working under my personal supervision.

J. B. Brothers

Registered Apprentice No.....

Brothers Funeral Home

Signed.....

J. B. Brothers

Licensed Embalmer No. *2001*

P. O. Address.....

Putnam

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.