

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 384

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Southeast Mo Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
 (Specify whether
 In this community about seven years 2
 years, months or days)

3. (a) PRINT FULL NAME Minnie Canada Abbott

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

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

6. (b) Name of husband or wife Walter T. Abbott 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Aug 6 1903
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>3</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Iron Keeper

11. Industry or business _____

12. Name Milvora Canada Ill.

13. Birthplace Pubby Mill Ill.
 (City, town, or county) (State or foreign country)

14. Maiden name Ellen Milvora

15. Birthplace Vianna Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter T. Abbott

(b) Address Jackson, Mo.

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

(c) Place: burial or cremation Marion, Ill.

18. (a) Signature of funeral director J. L. Conroy

(b) Address Jackson, Mo.

19. (a) 11-14-40 (b) J. M. Thompson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

State Cape Girardeau County Cape Girardeau
 (c) City or town Jackson
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
 year 1940 hour 3 minute 45 M.

21. I hereby certify that I attended the deceased from Oct 27, 1940, to Nov 14, 1940
 that I last saw him alive on Nov 14, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pancreatitis about 10 years
hypertension

Due to _____
 Due to _____ 121

Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death) about 40%

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) ✓
 (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? 121 ✓

While at work? ✓ (Specify type of place) _____ (e) Means of injury ✓

23. Signature J. P. Reabough (M. D. or other) ✓
 Address Jackson Mo Date signed 11-15-40

MOTHER FATHER

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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.

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..... *Lynnan Steele*.....

Licensed Embalmer No. *2476*.....

P. O. Address..... *Jackson Ms*.....

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.