

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2121**

Registration District No. **135**

Primary Registration District No. **3010**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County **Carroll**
(b) City or town **Carrollton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South Side Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether
In this community **3 days**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1206 Paseo, 4th Fl. S.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **8**
year **1941** hour **8** minute **11** P. M.
21. I hereby certify that I attended the deceased from **Jan 6-41**
to **Jan 8-41**, 19**41**,
that I last saw him alive on **Jan 8-41**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death
Peritonitis from ruptured appendix
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
121

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Ira Benjamin Abadie

3. (b) If veteran, name war

None

8. (c) Social Security No. **496-10-9122**

4. Sex **Male** 5. Color or race **Col** 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 **September 15, 1912**
(Month) (Day) (Year)

8. AGE: Years **28** Months **3** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **Lake Charles La.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Abadie**
13. Birthplace **Abbeyville La.**
(City, town, or county) (State or foreign country)
14. Maiden name **Fannie Durrall**
15. Birthplace **La.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fannie Abadie**
(b) Address **1206 Paseo, 4th Fl. S.**

17. (a) **removal** (b) Date thereof **1/9/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Kansas City, Missouri**

18. (a) Signature of funeral director **W. H. ...**
(b) Address **1729 Lydia, N. E. Mo.**

19. (a) **1-8-41** (b) **Quith Hackbus**
(Date received local registrar) (Registrar's signature)

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?
130 (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature **W. H. ...** (M. D. or other) **D**
Address **Carrollton Mo** Date signed **1-8-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11-5-6

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

Clifford L. Woods

Licensed Embalmer No.

3106

P. O. Address

1520 W. 5th St. K.C.

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.