

FILED FEB. 11 1942

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

3126
Do not use this space.

1. PLACE OF DEATH
 (a) County Pettis Registration District No. 66-8165-80
 (b) Township Houstonia Primary Registration District No. 5895 Registered No. 40
 (c) City or _____ (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 2 yrs. 11 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ray Schuyler Abbey
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
Rural
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allie Marlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1882

7. AGE YEARS 59 MONTHS 11 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer

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) Feb 23 1942 11. Total time (years) spent in this occupation. life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marlette Mich.

13. NAME Geo. Schuyler Abbey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Dora Capps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs R S Abbey Houstonia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Houstonia DATE 1-25-42 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. P. ... Houstonia

20. FILED 1-25- 1942 Mrs Anna Berger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1942

22. I HEREBY CERTIFY, that I attended deceased from January 23 1942 to January 23 1942
 I first saw him alive on January 23 1942. Death is said to have occurred on the date stated above, at 5:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Arteriosclerosis
Hypertension
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? No
 If so, specify _____
 (Signed) Robert Ellis, M. D.
 (Address) Sweet Springs, Mo.

Date of onset 1/23/42

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

30M-9-19-38 I X16605

MAR 4

APR 7 1942

MAR 11 1942
RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 2-14-42

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 H. H. Smiley

Licensed Embalmer No. 3987

P. O. Address Houstonia

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.