

FILED FEB 3 1944

Registration District No. **58**

Primary Registration District No. **5266**

Registrar's No. **1**

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

1. PLACE OF DEATH:

(a) County Carter

(b) City or town Rural, Carter Co
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution _____ (Specify whether _____)

In this community Life years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET ABRAMS

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 9 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Carter Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name David Neff

13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant J. G. Abrams

(b) Address Greenmont Mo

17. (a) Burial (b) Date thereof 1-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Abraham Cemetery

18. (a) Signature of funeral director Leibel Juncos

(b) Address 500 Bines Mo

19. (a) Jan 16 1944 Mrs A G Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15 year 1944 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 8-26-41, 19____, to July 15, 1943
that I last saw her alive on July 15, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial failure

Due to infinites of old age & arterial hypertension 3 yrs

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature Frank Racinski (M. D. or other) D.O.
Address Van Buren, Mo Date signed 1-26-44

1078

RECEIVED

District Health Officer No. 5,

District File Number 94469

Date Filed 8-2-74

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 1-15-44

....., Registered Apprentice No.....
working under my personal supervision.

Signed Philip A. Fenckel

Licensed Embalmer No. 2936

P. O. Address Van Buren Mo.

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, fact should be so stated above.