S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37373

Registration District No. 53 | Primary Registration District No. 3010 | Registrar's No. 378.

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: St Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 weeks (Specify whether years, months or days) In this community: 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cape Girardeau
(c) City or town: Delta (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: CHARLES WILLIAM ABBOTT
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: Married
6. (b) Name of husband or wife: Sallie Abbott
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: Sept. 29, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	1	12	hr. min.

9. Birthplace: Rock (City, town, or county) Ill (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Cornelius Abbott
FATHER 13. Birthplace: Rock (City, town, or county) Ill (State or foreign country)
MOTHER 14. Maiden name: Jane Daniels
MOTHER 15. Birthplace: Rock (City, town, or county) Ill (State or foreign country)
16. (a) Informant: T. L. Abbott
(b) Address: Jackson Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 14 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Russell Heights
18. (a) Signature of funeral director: L. L. Crawford
(b) Address: Jackson Mo.
19. (a) 11-14-44 (Date received local registrar) (b) H. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1944 hour 7 minute 35 A.M.
21. I hereby certify that I attended the deceased from 11-7-44, 19..., to 11-11-44, 19...; that I last saw him alive on 11-11-44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cir Myocardites	
Due to: Sepsis of Blood	
Due to: Cancer of bladder	
Other conditions: Hem. arteriosclerosis	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

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

23. Signature: Paul A. Nordbrock (M. D. or other) MD
Address: Cape Girardeau Mo. Date signed 11-13-44

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1244-4651
Date Filed 12-2-44

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 Thos. N. Allen

Licensed Embalmer No. 4055

P. O. Address Jackson

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.