

STANDARD CERTIFICATE OF DEATH

2487

State File No. Registrar's No. 6

District No. 17 Primary Registration District No. 3016

1. PLACE OF DEATH: (a) County Cole (b) City or town Jefferson City (c) Name of hospital or institution J. 1624 1/2 - W - Main (d) Length of stay: 19 years

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Cole 26 (c) City or town Jefferson City (d) Street No. J. 1624 1/2 - W - Main (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Marshall A. Abbott (b) If veteran, name war World War I (c) Social Security No.

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month 13 day June year 1946 hour 11:30 minute P. M.

4. Sex Male (b) Name of husband or wife Dora (c) Age of husband or wife if alive 47 years (e) Color White (f) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death Purdise Asthma

8. AGE: Years 62 Months 4 Days 7

Due to Purdise Decomposition Due to 8 several months

9. Birthplace Cheyenne Wyoming (10) Usual occupation Laborer

Other conditions History of heart disease being treated for same. Major findings: tropical

11. Industry or business (12) Name Unknown (13) Birthplace Unknown (14) Maiden name Unknown (15) Birthplace Unknown

PHYSICIAN Of autopsy 45

16. (a) Informant Dora Lee Abbott (b) Address 624 1/2 - W - Main (c) Place: burial or cremation National

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director James Lewis (b) Address 2004 (19) (a) 1-15-46 (b) R. G. Derris

23. Signature J. J. Leslie coroner (M. D. or other) Address City Mo Date signed 1-15-46

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

463

1-19-46

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-18-46

REC'D 25 1946

FEB 19 1946

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 [Signature]

Licensed Embalmer No. 3641

P. O. Address [Signature]

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.