

FILED APR 9 1946

Registration District No. **107** Primary Registration District No. **3019**

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Dunklin**
(c) City or town **Kennett**
(If outside city or town limits, write "RURAL")
(d) Street No. **916 E. Fifth St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charles Edward Abbott**

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month **3** day **18**
year **1946** hour _____ minute _____ M.

4. Sex **male** 5. Color or race **W**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

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

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death **Burnt to death**

7. Birth date of deceased: **8** (Month) **23** (Day) **1944** (Year)

Due to **falling in scalding Vavt at slotter house**

8. AGE: Years **2** Months **5** Days **18** If less than one day hr. _____ min. _____

Due to _____

9. Birthplace **Caring Ark**
(City, town, or county) (State or foreign country)

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

10. Usual occupation _____

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name **Walter Abbott**

PHYSICIAN _____

13. Birthplace **Smith Mo**
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name **Edna Miller**

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

16. (a) Informant **Walter Abbott**

(b) Address **916 E. Fifth St. Kennett Mo**

17. (a) **Burial** (b) Date thereof **3-19-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Ridge**

18. (a) Signature of funeral director **Lutz & Co**

(b) Address **Kennett Mo**

19. (a) **3-18-1946** (b) **Charles Abbott**
(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) **Accident**

(b) Day of occurrence **March 18th 1946**

(c) Where did injury occur **Kennett Dunklin, Mo**
(City or town) (County) (State)

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

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

23. Signature **Walter Abbott**

Address **Kennett Mo** Date signed **3-18-46**

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

898

RECEIVED

District Health Office No. 2,

District File Number 446-485

Date Filed 4-8-46

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 Walter A. Hawkins
Licensed Embalmer No. 2002
P. O. Address Kennett 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.