

FILED MAY 16 1946  
Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1601 E. Broadway /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 22 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80  
(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1601 E. Broadway 4  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1946 hour 11:15 minute P M.

21. I hereby certify that I attended the deceased from  
June 1943 to May 1 1946  
that I last saw her alive on April 30 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis  
Arterio Sclerosis  
Due to \_\_\_\_\_

Duration

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: 93h  
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 J. W. Boyer (M. D. or other)  
Address Sedalia Mo. Date signed 5/3/46

3. (a) PRINT FULL NAME

Hattie Analine Abney

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John T. Abney 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 1 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 9 10 hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Henry Moehlmann

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

14. Maiden name Emelie Smith

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

16. (a) Informant John T. Abney

(b) Address 1601 E. Broadway, Sedalia, Mo.

17. (a) Burial (b) Date thereof May 4, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Missouri

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 5-3-46 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

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

16483

11:16 p.m. May 1-4

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-14-46

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 K.P. J. Lavery

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.