

FILED SEP 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. 27589

Registration District No. 171

Primary Registration District No. 4267

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Odessa
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Yrs/
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Odessa
(d) Street No. /
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

William Absom

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellen Absolem 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased About 1866

8. AGE: Years 80 Months Days If less than one day

9. Birthplace Lafayette Co. Mo.

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Not Known 9
13. Birthplace " " 9
14. Maiden name Not Known
15. Birthplace " " 9

16. (a) Informant Ellen Absolem (b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof Aug. 20, 1946

(c) Place: burial or cremation Odessa, Mo.

18. (c) Signature of funeral director Husman-Sparks Odessa, Mo.

19. (a) Aug 28 1946 (b) Letta Drummond

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17 year 1946 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from Aug 16 to Aug 15 1946 that I last saw him on Aug 15 1946 and that death occurred on the date and hour stated above. Immediate cause of death: Cerebral Hemorrhage

Due to Hypertension
Due to Intestinal nephritis

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?
(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 R. S. Shoaley M. D. Date signed 9/20/46

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

20420

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-31-15

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 *John T. Husman*

Licensed Embalmer No. 2541

P. O. Address Odessa, 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.