

FILED MAY 13 1947

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 713 Hill St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 713 Hill St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18  
year 47 hour 10 minute 10 P.M.  
21. I hereby certify that I attended the deceased from 4-18 to 4-18 1947  
that I last saw him alive on 4-18 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Cardiac Thrombosis  
Duration \_\_\_\_\_

3. (a) PRINT FULL NAME Samuel Abbey  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color Negro 6. (a) Single, widowed, married, divorced married  
7. Birth date of deceased Oct. 16 1889  
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ballbo Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business International Paper plant

12. Name Abe Abbey

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

14. Maiden name Stella McElary  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Ethel Abbey

(b) Address 713 Hill St

17. (a) Buried (b) Date thereof 4 28 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson

18. (a) Signature of funeral director Geo E Roberts  
(b) Address Hannibal Mo

19. (a) 4-26-47 (b) AVC M Duke  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Dr. A. W. Fox (M. D. or other) \_\_\_\_\_  
Address Hannibal Mo Date signed 4-22-47

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

MOTHER FATHER

14 10 11 12 13 14

Handwritten notes and scribbles

**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 Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address. Manribal 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.

Handwritten marks at bottom left