

FILED APR 30 1947

Registration District No. 2

Primary Registration District No. 4456

Registrar's No. 13

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Appleton City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 19 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair

(c) City or town Appleton City
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William N. Abney

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18
year 1947 hour 6 minute 15 P. M.

4. Sex male 5. Color of hair white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife also absent

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased mar 9 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 17 1946 to April 18 1947
that I last saw him alive on April 14 1947
and that death occurred on the date and hour stated above.

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

71 1 9 hr. _____ min.

Immediate cause of death Cerebral hemorrhage

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

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Garage Operator

11. Industry or business Cabr Stationmaster

Major findings: Of operations 83 P

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John Abney

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

14. Maiden name Sarah Adkins

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

16. (a) Informant Chas Abney

(b) Address Appleton City mo

17. (a) Burial (b) Date thereof Apr 21 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City mo

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? 0

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

18. (a) Signature of funeral director Graves Plus

(b) Address Appleton City mo

19. (a) April 25 47 (b) Mrs. Chas Abney
(Date received local registrar) (Registrar's signature)

23. Signature W. H. [unclear] (M. D. or other) mo

Address Appleton City mo Date signed 71 Apr 47

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

RECEIVED
District Health Officer No. 7,
District File Number 3-47-513
Date Filed 4-29-47

JUN 8 9 1859
AM

JUL 18 1947

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~~
on the 18th day of April 1947, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.