

FILED AUG 26 1947

State File No.

Registration District No. 282

Primary Registration District No. 3055

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Bolivar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dr. D.C. McCraw's office.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town "Rural" Benton Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles S.W. of Halfway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Lewis Abbott

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Allie E. Abbott 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Feb. 21 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 23 hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER

12. Name George Abbott

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

14. Maiden name Unk.

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

16. (a) Informant Mrs Allie E. Abbott

(b) Address Bolivar, Mo.

17. (a) burial (b) Date thereof August 17, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Turpin Funeral Home

(b) Address Bolivar, Mo.

19. (a) Aug 20, 1947 (b) Ralph Gordon
(Date received local registrar) (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1947 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Jan 4, 1947 to Aug 14, 1947
that I last saw him alive on Aug 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Chronic myocarditis

Due to Hypertension

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

Major findings: Of operations 930

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 0

23. Signature D. B. Miller (M. D. or _____)

Address Bolivar Mo Date signed 8/14/47

Duration

2 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7,
7-47-60
District File Number 8-25-47
Date Filled

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 Charles B. Sox,
working under my personal supervision.

Registered Apprentice No. 22
Signed [Signature]
Licensed Embalmer No. 3053
P. O. Address Bolivar, 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.