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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8359**

FILED MAR 26 1948

Registration District No. **114**

Primary Registration District No. **4186**

Registrar's No. **52**

1. PLACE OF DEATH:

(a) County **Franklin**

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **20 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Franklin**

(c) City or town **Sullivan** **31**
(If outside city or town limits, write "RURAL")

(d) Street No. **Euclid Ave** **4**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or, No)

If yes, name country _____

3. (a) PRINT FULL NAME **Edward George Able**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **492-07-4183**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12th**
year **1948** hour **7** minute **30** P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Mary Able**

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

7. Birth date of deceased **July 20 1883**
(Month) (Day) (Year)

Immediate cause of death **Suicide** Duration _____
By shooting himself with a 20 gauge shot gun

Due to **By his own hand.**

Due to _____

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

8. AGE: Years **64** Months **7** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **Gerald Mo. O**
(City, town, or county) (State or foreign country)

10. Usual occupation **Fireman - Stationary**

11. Industry or business **International Shoe Co.**

12. Name **Herman Able**

13. Birthplace **Unknown German**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Rogers**

15. Birthplace **Unknown German**
(City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Able**

(b) Address **10 Fallon, Ill**

17. (a) **Burial** (b) Date thereof **3/16/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph's Cemetery**

18. (a) Signature of funeral director **Wm. J. Schaffer**

(b) Address **65 N. Clark Ave**

19. (a) **3-16-48** (b) **Ed. Bruster**
(Date received local registrar) (Registrar's signature)

Major findings: **1640**

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) **Suicide**

(b) Date of occurrence **3/12/1948** **36**

(c) Where did injury occur? **Sullivan Franklin mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in yard at the home where residing
(Specify type of place) (e) Means of injury **Suicide**

While at work? _____

23. Signature **E. F. Ottman** **3/11/48**
Address **Union mo** Date signed **3/11/48**

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

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 25 1948

APR 14 1948

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, ~~and~~
....., Registered Apprentice No.
working under my personal supervision.

Signed *Robert M. Murray*
Licensed Embalmer No. *37490*
P. O. Address *Sullivan, 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.