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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 29 1948
Registration District No. 46

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33179
Registrar's No. 319

Primary Registration District No. 3026

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

1. PLACE OF DEATH
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11004 E. 20th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 76 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 11004 E. 20th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Frank Abston
3. (b) If veteran, name war None
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 4 year 1948 hour _____ minute 35 P.M.
21. I hereby certify that I attended the deceased from Aug 8, 1948 to Oct 16th, 1948
that I last saw him alive on Oct 15th, 1948 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
6. (b) Name of husband or wife Mrs Fannie Brooks Hill Abston
6. (c) Age of husband or wife if 74 years

Immediate cause of death Uremia Duration 2 mos.
Due to Chronic interstitial nephritis 2 years
Due to _____
Other conditions Chronic cystitis 1 year
(Include pregnancy within 3 months of death)

7. Birth date of deceased Feb 22 1872
(Month) (Day) (Year)
8. AGE: Years 76 Months 7 Days 24 If less than one day hr. _____ min. _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Book keeper
11. Industry or business Jackson Co. Records Office

MOTHER FATHER
12. Name Joshua Abston
13. Birthplace Jackson Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Peacock
15. Birthplace Jackson Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Fanner Brooks Hill Abston
(b) Address 11004 E. 20th Indep. Mo.
17. (a) Burial (b) Date thereof 10-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hill Cemetery Ott & Mitchell

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 J. N. Hill, M. D. (M. D. or other)
Address 1438 Hedges Ave, Independence Mo Date signed 10/18/48

18. (a) Signature of funeral director Ott & Mitchell
(b) Address 310 N. Main St. Indep. Mo.
19. (a) 10-18-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

JAN 3 1949

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~~

working under my personal supervision.

Signed

~~XXXXXXXXXX~~
Licensed Embalmer No. L.M. Keir 3156

P. O. Address. Independence, 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.