

FILED NOV 1 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

X35697

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 346

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S.E. Mo Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 7 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Jackson Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Harmington Road
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Monroe Abernathy

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Demprance English (c) Age of husband or wife if alive 1855 years
7. Birth date of deceased Aug 4 1855
(Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 17
If less than one day hr. _____ min. 0

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

10. Usual occupation Retired Farmer

11. Industry or business Retired Farmer

12. Name William Abernathy

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

14. Maiden name Eliza King

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

16. (a) Informant Mrs Ben Reed
(b) Address Jackson Mo

17. (a) Burial (b) Date thereof 10/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indian Creek Cemetery
18. (a) Signature of funeral director McComb & Co
(b) Address Jackson Mo
19. (a) 10-24-1946 (b) G.C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1946 hour 7 minute P M.
21. I hereby certify that I attended the deceased from Oct 1 1946 to Oct 21 1946
that I last saw him alive on Oct 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Cold
Due to _____
Due to _____

Duration 21 days

Other conditions None
(Include pregnancy within 5 months of death)
Major findings: _____
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) _____
(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 W. J. Abernathy (M. D. or other) _____
Address Jackson Mo Date signed 10-23-46

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

RECEIVED

District Health Officer No. 4
District File Number 1046-280
Date Filed 10-28-46

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 *B A Meyer*
Licensed Embalmer No. *3051*
P. O. Address *Jackson 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.