

REC'D JUN 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17913

Do not use this space.

1. PLACE OF DEATH

(a) County Camden Registration District No. 117
 (b) Township Osage Primary Registration District No. 5167
 (c) City Osage Beach (d) Street No. 165
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Donald Ray Abernathy St. ☒ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 1934

7. AGE YEARS 3 MONTHS 7 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) City St Louis, Mo

FATHER 13. NAME Elmo M Abernathy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherokee Mo.

MOTHER 15. MAIDEN NAME Edita Ryea Abernathy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Julia Okla

17. INFORMANT (ADDRESS) Mrs Ruby Abernathy

18. BURIAL, CREMATION, OR REMOVAL PLACE Osage Beach Mo

19. FUNERAL DIRECTOR (ADDRESS) Springfield Mo

20. FILED June 10, 1938 Lizzie L Miller Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5- 1938

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1938, to June 5, 1938

I last saw him alive on June 5, 1938 Death is said

to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Drowning. 213 ft. Date of onset

accidental, fell in lake while playing in a boat

Other contributory causes of importance: near Osage Beach Mo.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? acc Date of injury 6-5 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 186 Woburn Corner

(Signed) Camden Mo

(Address) 112 Camden Mo

in arbor

STATEMENT BY LICENSED EMBALMER

I, Leitch McKays, Licensed Embalmer No. 3998
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Leitch McKays

Licensed Embalmer No. 3998

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.)