

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

35453

Registration District No. 4038

Primary Registration District No.

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Lutesville,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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

8. (a) PRINT FULL NAME Washington Abernathy

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruey Adeline Abernathy 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased AUG. 30th 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months I Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Adia Abernathy
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature J. S. Gaudin
(b) Address Lutesville, Mo.

17. (a) Burial (b) Date thereof Oct. 22, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cane Creek, Cem.

18. (a) Signature of funeral director B. Baker Funeral Home
(b) Address Lutesville 7110

19. (a) Oct. 28, 1939 (b) Willie H. Van Winkle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger

(c) City or town Lutesville,
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21st
year 1939 hour 7:00 minute 45 P. M.

21. I hereby certify that I attended the deceased from January 1, 1939, to Oct. 21, 1939.
that I last saw him alive on 10/21/39, 1939.
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Decompensation Duration _____

Due to Carcinoma metastasis
of mediastinum

Due to H. I.

Other conditions Primary Carcinoma Stomach
(Include pregnancy within 3 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) Means of injury _____

23. Signature John J. Myers (M. D. or other) MD

Address Lutesville Date signed 10/27/39

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.....

Licensed Embalmer No.

P. O. Address.....

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, above space should be left blank.