

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.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

61984

Do not use this space.

**1. PLACE OF DEATH**(a) County Cape GirardeauRegistration District No. 120

(b) Township

Primary Registration District No. 3009Registered No. 73(c) City Cape Girardeau(d) Street No. 45 North Hanover St.St. 5(e) Length of residence in city or town where death occurred 70 yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Betty Abernathy(a) Residence, No. 45 North Hanover St.St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Female

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Greer Abernathy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 16, 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

8743

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Housewife

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)

PerryvilleMissouri

FATHER

13. NAME

Unknown

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

UnknownUnknown

MOTHER

15. MAIDEN NAME

Unknown

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

UnknownUnknown

17. INFORMANT (ADDRESS)

Ada Whitelaw (Daughter)  
45 North Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE FairmontDATE Feb. 22,40

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

F. J. SparksCape Girardeau, Mo.

20. FILED

2-22-401940forLocal Registrar.Local Registrar.**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2-22-194022. I HEREBY CERTIFY, That I attended deceased from 2-16-, 1940, to 2-19-, 1940I last saw her alive on 2-19-, 1940. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Apoplexy

Date of onset

Other contributory causes of importance:

hypostatic Pneumonia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

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

Accident, suicide, or homicide? Date of injury, 19.....

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

(Signed)

(Address)

W. A. Lingal, M. D.,  
17 N. Sprigg St Cape Girardeau, Mo.

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.....

*Frank Sparks*, Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Frank Sparks*

Licensed Embalmer No. ....

*3455*

P. O. Address.....

*Cape Girardeau*

**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.