

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

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6214

Registration District No. 12950

Primary Registration District No. 5180

Registrar's No. 14

## 1. PLACE OF DEATH:

- (a) County Cape Girardeau  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2

(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 165

3. (a) PRINT FULL NAME John Robb Abernathy

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Georgie A. Abernathy 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 12 1857  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 23 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Cape Girardeau Co. Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

- MOTHER FATHER { 12. Name John W. Abernathy  
 13. Birthplace Cape Girardeau Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Warren  
 15. Birthplace Cape Girardeau Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. M. Abernathy  
 (b) Address Doe Run Mo

17. (a) Burial (b) Date thereof Feb-6-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Apple Creek Cemetery

18. (a) Signature of funeral director Mark Wilson Staller  
 (b) Address Lackman Mo

19. (a) 2-16-1940 (b) P. J. Schorn  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cape Girardeau  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4th year 1940 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 6th to Feb 4 1940  
 that I last saw him alive on Feb 16 1940  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Tubercular meningitis of the brain Duration \_\_\_\_\_

- Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

- Other conditions \_\_\_\_\_  
 (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)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature P. J. Schorn (M. D. or other) !  
 Address Oak Ridge Date signed \_\_\_\_\_

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**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 Glenn Wilson

Licensed Embalmer No. 2828

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, above space should be left blank.**