

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.

FILED APR 23 1940

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

42590
Do not use this space.

1. PLACE OF DEATH
 (a) County Sevier Registration District No. 814
 (b) Township Mariland Primary Registration District No. 6063
 (c) City (d) Street No. 83 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Joe Abernathy
 (a) Residence, No. County town rural 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) unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, of. min.
<u>52</u>	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>

OCCUPATION

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

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.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-1940

22. I HEREBY CERTIFY, That I attended deceased from 4-5-1940, to 4-8-1940.
 I last saw him alive on 4-6-1940. Death is said to have occurred on the date stated above, at 4 A m.
 The principal cause of death and related causes of importance were as follows:
Septicemia from infection through eczema
 Date of onset 12/10

Other contributory causes of importance:
Chronic Eczema

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sevier Co Mo

FATHER

13. NAME John Abernathy

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

MOTHER

15. MAIDEN NAME Jessie Fike

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

17. INFORMANT (ADDRESS) Clarence Abernathy Benton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton DATE 4-8-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peoples Cons. Burial Association Benton Mo

20. FILED 4-8-1940 H. P. Haw Local Registrar.

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? 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) H. P. Haw M. D.
 (Address) Benton Mo

RECEIVED

District Health Officer No. **2**

District File Number 440-968

Date Filed 4/19/40

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.