

Registration District No. _____

Primary Registration District No. 5 870

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural
(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 1
(Specify whetherIn this community 68-0-5
years, months or days) (Specify whether3. (a) PRINT FULL NAME John J. Abernathy

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Julia Abernathy 6. (c) Age of husband or wife if alive 52 years7. Birth date of deceased April 13 1872
(Month) (Day) (Year)8. AGE: Years 68 Months 0 Days 5 If less than one day
hr. _____ min. _____9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Henderson Abernathy13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature John J. Abernathy(b) Address 301 N. Adams St. Perry17. (a) Burial (b) Date thereof April 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Crosstown Mo18. (a) Signature of funeral director Young & Sons(b) Address Perryville Mo19. (a) _____ (b) John J. Abernathy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry(c) City or town Rural
(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 April day 18
year 1940 hour 3 minute 30 A.M.21. I hereby certify that I attended the deceased from Nov 8
Nov 8, 1939 to April 18, 1940
that I last saw him alive on April 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Endo Carditis

Duration

5 m

Due to _____

Due to _____

Other conditions

(Includes pregnancy within 3 months of death)

Bright's Disease!

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 _____

23. (a) 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 W. D. Beatty (M. D. or other) _____Address Merfys Mo 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 *Arnold C. Muncy*.....

Licensed Embalmer No. *21387*

P. O. Address *Denville, N.J.*

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.

2025
22259

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **15731**

Registration District No. **662**

Primary Registration District No. **3880**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Percy**
(b) City or town **Salem T.P.**
(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)

3. (a) PRINT FULL NAME **John J. Abernathy**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **68** Months **0** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH: Month **Apr** day **18** year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Bright's Disease**

Due to _____

Due to _____

Other condition **Bright's Disease**
(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 **W. H. Abernathy** (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL CERTIFICATE

