

Registration District No. 120

Primary Registration District No. 3009

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1116 N. Frederick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Victoria (Smith-Miller) Abernathy

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

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

6. (b) Name of husband or wife John Abernathy 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November 20, 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace New Orleans, Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Richard Pulum

13. Birthplace New Orleans, Louisiana
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace New Orleans, Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant George Lambert (son-in-law)

(b) Address Cape Girardeau

17. (a) Burial (b) Date thereof May 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont

18. (a) Signature of funeral director F. J. Sparks
(b) Address Cape Girardeau

19. (a) 5-20-40 (b) John Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 1116 N. Frederick
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 Saturday
year 1940 hour 06.15 minute 00

21. I hereby certify that I attended the deceased from 5-18-40
at 10:00 a.m., 1940, to 5-18-40, 1940;
that I last saw her alive on 5-18-40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Shattered heart

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 A. H. Rubin (M. D. or other) 1

Address Cape Girardeau, Mo Date signed 5-20-40

12212

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 J. Sparks....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 18082

Registration District No. 125-

Primary Registration District No. 3009

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(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

Victoria Smith Miller Abernathy

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7

5. Color Black

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

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

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>5</u>	<u>28</u>	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 May 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 _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

Intestinal obstruction
Due to strangulation hernia
1224

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 A. G. Jordan (M. D. or other) _____

Address Cape Girardeau _____

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

5-18082