

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22653

State File No. _____

Registration District No. 158

Primary Registration District No. 4451

Registrar's No. 1683

1. PLACE OF DEATH:

- (a) County Ripley
(b) City or town Danipha
(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

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Ripley
(c) City or town Danipha
(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.

3. (a) PRINT FULL NAME

Mattie Parke Abernathy

3. (b) If veteran, name war _____

3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Harley Abernathy 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 9 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Waddy Co. Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Oregon Buckley

13. Birthplace Chion Co. Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Susan Wagster

15. Birthplace Chion Co. Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant O. H. Buckley

(b) Address Chapin Mo.

17. (a) Burial (b) Date thereof 6-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Danipha

18. (a) Signature of funeral director Black's Mortuary

(b) Address Danipha Mo.

19. (a) June 19 1940 (b) E. B. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1940 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from September 27 to June 18, 1940,
that I last saw her alive on June 10, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
arteriosclerotic
Due to Coronary I. B.

Due to 23

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? _____

674 While at work? (Specify type of place) (e) Means of injury _____

23. Signature E. B. Johnson (M. D. or other) _____

Address Danipha Mo. Date signed 6-19-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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, *me*
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Leslie D. Russell

Licensed Embalmer No.

3855

P. O. Address

Doniphan, 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, fact should be so stated above.