

FILED SEP 16 1940 STANDARD CERTIFICATE OF DEATH

State File No. 28170

Registration District No. 124

Primary Registration District No. 3009

Registrar's No. 281

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: ST. FRANCIS HOSPITAL
(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 MINNIE ABERNATHY 1658. (b) If veteran, name war _____ 8. (c) Social Security No. NONE4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife THOMAS F. ABERNATHY 6. (c) Age of husband or wife if alive 30 years7. Birth date of deceased APRIL 18, 1905
(Month) (Day) (Year)8. AGE: Years 35 Months 4 Days 6 If less than one day _____ hr. _____ min.9. Birthplace HOGAN MO.
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name HENRY SWARINGIM13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)14. Maiden name MINNIE GIBBONS15. Birthplace TEXAS
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Thomas F. Abernathy(b) Address PERRYVILLE, MO.17. (a) BURIAL (b) Date thereof AUG. 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Francis Chapel Cemetery18. (a) Signature of funeral director Wey Funeral Home(b) Address PERRYVILLE, MO.19. (a) 8-24-40 (b) Jim Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County PERRY
(c) City or town PERRYVILLE, MO.
(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 Aug. day 24
year 1940 hour 11:45 minute _____ P. M.21. I hereby certify that I attended the deceased from 8/24/1940
19____, to 8/24, 19____,that I last saw him alive on 8/24, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Brain AbscessDue to DO NOT KNOW

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) NO

(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? _____

121 (Specify type of place) _____
While at work? _____ (e) Means of injury _____23. Signature Dr. Smith (M. D. or other) _____Address Cape Girardeau Date signed 8/24/40

NOV 24 1944

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.....

Le Roy J. Schindler....., Registered Apprentice No. 231
working under my personal supervision.

Signed.....

Albert Bey

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.