

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38746

State File No.

Registrar's No. 955

Registration District No. 1940 315

Primary Registration District No. 2001

1. PLACE OF DEATH

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **708 - E - Grand**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 yrs 1 mon 2**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **LAWRENCE E ABERNATHY**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife **Child** 6. (c) Age of husband or wife if alive **XX** years  
7. Birth date of deceased **Oct 17 1936**  
(Month) (Day) (Year)

8. AGE: Years **4** Months **1** Days **10** If less than one day hr. min.

9. Birthplace **Springfield Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business

MOTHER FATHER { 12. Name **Robert Abernathy**  
13. Birthplace **Springfield Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rogers**  
15. Birthplace **Oklahoma City Okla**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Robert Abernathy**

(b) Address **708 - E - Grand**

17. (a) **Burial** (b) Date thereof **11-30-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood Cem**

18. (a) Signature of funeral director **W. E. Handley**

(b) Address **702 N Jefferson**

19. (a) **11-30-40** (b) **W. E. Handley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **708 - E - Grand**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **27** year **1940** hour **11** minute **P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

that I last saw him **dead** alive on **11-28**, 19**40**.

and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstruction** Duration **2 days**

**Intestinal obstruction**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **12-10**

(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? **At home**

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury **5**

Signature **W. E. Handley** (M. D. or other) **5**

Address **Conner Greene County** Date signed **11-30**

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

**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 \_\_\_\_\_

H. V. Smith, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed H. V. Smith

Licensed Embalmer No. 3-324

P. O. Address 702 - H - Jeffers

**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.**

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