

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43262

State File No.

JAN 9 1942

Registration District No. 891

Primary Registration District No. 4540

Registrar's No. 33

1. PLACE OF DEATH:

(a) County. Wayne
(b) City or town. PIEDMONT
(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.
In this community. LIFE 4 1/2 years 3 months 10 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME LAURA BELL ABERNATHY

3. (b) If veteran, name war. ✓ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race White 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. 91 years
7. Birth date of deceased. July 30 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Reynolds Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEWORK

MOTHER FATHER { 12. Name HENRY RADEFF

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

14. Maiden name Unknown

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

16. (a) Informant John Abernathy

(b) Address RURAL

17. (a) RURAL (b) Date thereof Nov 11 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MIKE CEM. NEAR PIEDMONT Mo.

18. (a) Signature of funeral director No. 41, 1/2 mi. S. of Piedmont, Mo.

(b) Address 12-20-1941

19. (a) 12-20-1941 (b) T. C. Piles M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Wayne
(c) City or town. PIEDMONT
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1941 hour 3:40 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 1st 1941 to Nov 10 1941
that I last saw him alive on Nov 1 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Gallstones Duration

Due to
Due to

Other conditions
(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) Means of injury

23. Signature T. C. Piles (M. D. or other)
Address Piedmont Mo. Date signed 12-10-41

739 (Licensed Embalmer's Statement on Reverse Side)

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 me

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

Signed Norman W. Gist

Licensed Embalmer No. 3287

P. O. Address Richmond, Va.

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.