

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 18 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6154
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 1251
(b) Township Randolph Primary Registration District No. 5182
(c) City Cape Girardeau, Mo. (d) Street No. R. F. D. #1 Registered No. 45
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 52 yrs. 7 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rodger Abernathy

(a) Residence, No. R. F. D. #1 Cape Girardeau, Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
52 7 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neelys Landing, Mo.

13. NAME Columbus Abernathy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pocahontas Mo.

15. MAIDEN NAME Blarisa Sifford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anna Ill.

17. INFORMANT Mrs. Alma Snider
(ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE McLain Cemetery DATE Feb. 5

19. FUNERAL DIRECTOR (NAME) L. L. Haman
(ADDRESS) Cape Girardeau, Mo.

20. FILED 2-9-1942 F. W. Phelps
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3d, 1942, to Feb. 3d, 1942.
I last saw him alive on Feb. 3d, 1942. Death is said to have occurred on the date stated above, at 11:05 P.M.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

948

Other contributory causes of importance
History obtainable

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) O. J. Miller, M. D.
(Address) Ad. Applegate

RECEIVED

District Health Officer No. 4
District File Number 342-35
Date Filed 3-13-42

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, _____

Earl Smith, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed Earl Smith
Licensed Embalmer No. 3676

P. O. Address Capu St. Orleans, La.

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.