

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17630

State File No. ....

FILED JUN 13 1942  
Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 159

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau Mo.  
(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 4 days (Specify whether years, months or days)  
In this community 4 days

3. (a) PRINT FULL NAME

Eli Abernathy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Abernathy  
6. (c) Age of husband or wife if alive 15 years  
7. Birth date of deceased October 15 1846  
(Month) (Day) (Year)

8. AGE: Years 95 Months 7 Days 6  
If less than one day hr. min.

9. Birthplace Cape Girardeau Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Betty Abernathy  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Delilah McCombs  
15. Birthplace Cape Girardeau Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. A. Ross  
(b) Address Jackson, Mo.

17. (a) Burial (b) Date thereof 5/23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights Cemetery

18. (a) Signature of funeral director McCombs

(b) Address Jackson

19. (a) 5/22/42 (b) F. M. Phelps  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Jackson  
(If outside city or town limits, write "RURAL")  
(d) Street No. 526 Hope St.  
(If rural, give location)  
(e) Citizen of foreign country? Yes no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21<sup>st</sup>  
year 1942 hour 12 minute 0 M.  
21. I hereby certify that I attended the deceased from May 17  
1942 to May 21, 1942  
that I last saw him alive on May 21, 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Lobar pneumonia Duration 4 days

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?  
(Specify type of place)  
While at work? Yes Means of injury fall  
23. Signature D. G. Subit (M. D. or other) MD  
Address Jackson Mo Date signed 5-21-42

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

RECEIVED

District Health Officer No. 4  
District File Number 642-270  
Date Filed 6-16-42

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

Signed

*Thos. K. Allen*

Licensed Embalmer No. 4055-

P. O. Address Jackson

**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.**