

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25438**

Registration District No. **333**

Primary Registration District No. **3074**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Scott**
(b) City or town **Sikeston**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
307 Greer Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **25 Yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**
(c) City or town **Sikeston**
(If outside city or town limits, write "RURAL")
(d) Street No. **307 Greer Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Priestly Allen Abernathy**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 15 1870**
(Month) (Day) (Year)

8. AGE: Years **71** Months **11** Days **27** If less than one day hr. _____ min. _____

9. Birthplace **Morley, Mo.** (City, town, or county) (State or foreign country) **0**

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **James Abernathy**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Bill Abernathy**

(b) Address **Sikeston, Mo.**

17. (a) **Burial** (b) Date thereof **7-13-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sikeston, Mo.**

18. (a) Signature of funeral director **John Albritton**

(b) Address **Sikeston, Mo.**

19. (a) **7-13-42** (b) **HB. [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12** year **1942** hour **10** minute _____ a. M.

21. I hereby certify that I attended the deceased from **July 3 1942** to **July 12 1942**
that I last saw him alive on **July 12 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Bronchopneumonia** Duration **6 days**
Due to: **Complications of Sepsis with Abscesses** **2 years**
Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **107**
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) (e) Means of injury _____
23. Signature **[Signature]** (M. D. or other) **Dr. D.**
Address **Sikeston** Date signed **7-12-42**

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

100
5
2

100
5
2

1039

RECEIVED

District Health Office No. 2,

District File Number 842-1070

Date Filed 8-17-42

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, or by.....

Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John Albritton

Licensed Embalmer No. 2941

P. O. Address Sikeston, Missouri

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.