

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26845**

Registration District No. **125-53** Primary Registration District No. **3009-3010** Registrar's No. **229**

1. PLACE OF DEATH:
(a) County **CAPE GIRARDEAU**
(b) City or town **CAPE GIRARDEAU**
(c) Name of hospital or institution **551 So. Frederick**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **34 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARTHA JANE ABERNATHIE**
(b) If veteran, name war **No**
(c) Social Security No. **No**

4. Sex **FEMALE** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **widowed**
(b) Name of husband or wife **Geo. W.**
(c) Age of husband or wife if alive **99 years**
7. Birth date of deceased **JAN 6 1850**
(Month) (Day) (Year)

8. AGE: Years **92** Months **6** Days **27**
If less than one day hr. min.

9. Birthplace **Union County** **ILL**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Farmer**

12. Name **MCKINLEY LANDRITH**
13. Birthplace **Union County** **ILL**
(City, town, or county) (State or foreign country)
14. Maiden name **ELIZABETH STONE**
15. Birthplace **Union County** **ILL**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS J. L. Smith**
(b) Address **Cape Girardeau, Mo.**

17. (a) Burial, cremation, or removal **Buried**
(b) Date thereof **8 5 42**
(Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **J. H. Hawes**
(b) Address **Cape Girardeau, Mo.**

19. (a) **8-7-42** (b) **G. H. Phelps**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cape Girardeau**
(c) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL")
(d) Street No. **551 So. Frederick**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **3** **nd**
year **1942** hour **15** minute **45** **A.M.**
21. I hereby certify that I attended the deceased from **Aug 2nd** 1942 to **Aug 3rd** 1942
that I last saw her alive on **Aug 2nd** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Exhaustion**
Duration **24 hours**

Due to
Due to
Other conditions **seizure** 1941
(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) **115**
(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 **G. H. Phelps** (M. D. or other)
Address **Cape Girardeau** Date signed **8/3/42**

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

RECEIVED

District Health Officer No. 4

District File Number 942-116

Date Filed 9-24-72

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

Licensed Embalmer No. 3390

P. O. Address Cape Verde

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.