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

1. PLACE OF DEATH:
 (a) County: Stoddard
 (b) City or town: Advance *Pike* Rural
 (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: None
 (Specify whether _____)
 In this community Life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Stoddard
 (c) City or town: Advance, Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: MARA 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, Child

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

7. Birth date of deceased: Jan. 3, 1936
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>6</u>	<u>9</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER
 12. Name: Chester Abernathy
 13. Birthplace: _____ Mo. 0
 (City, town, or county) (State or foreign country)
 14. Maiden name: Doiffe Jane Stewart
 15. Birthplace: Stoddard Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant: Chester Abernathy
 (b) Address: Advance, Mo. Rural

17. (a) Burial (b) Date thereof: 11-3-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Gravel Hill cemetery

18. (a) Signature of funeral director: Chiles Mortuary
 (b) Address: Bloomfield, Missouri.

19. (a) Nov 5 1942 (b) M. R. Jhuver
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd
 year 1942 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 1 1942
 that I last saw her alive on Nov. 1 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac arrest
with R. pneumonia

Duration
4 days

Due to: _____

Due to: _____

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

10511

Major findings: _____
 Of operations: _____

Of autopsy: None

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: John Wilson (M. D. or other) _____
 Address: Bloomfield, Mo. Date signed: 11/3/42

1151

JAN 4 1948

RECEIVED

District Health Office No. 2,

District File Number 1242-1701

Date Filed 12-17-47

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 Deceased was not embalmed

Licensed Embalmer No.....

P. O. Address.....

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.