

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 13 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13669

State File No. _____

Registration District No. 242 Primary Registration District No. 1000 Registrar's No. 511

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days) 20 days 10 years

3. (a) PRINT FULL NAME Charles E. Abernathy

3. (b) If veteran, no name war _____ 3. (c) Social Security No. 491 - 09-4670

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

6. (b) Name of husband or wife Rose Abernathy 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. 24 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Omaha Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Paper Hanger

11. Industry or business Voss Paper Co.

MOTHER FATHER { 12. Name Ben Abernathy
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Ann Corrigan

15. Birthplace Omaha Nebraska
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Abernathy

(b) Address 104 E. Valley St. Joseph, Mo
Removal

17. (a) (Burial, cremation, or removal) (b) Date thereof Apr. 25, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Lawson, Mo.

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave. St. Joseph

19. (a) 4-25-43 (b) Rose Heagy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 104 East Valley
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1943 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from 4/2/43 to 4/22/43
that I last saw him alive on 4/22/43 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Rupture

Due to Hypertension

Due to Senility

Other conditions Cerebral Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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 W. H. Duncan (M.D. or other)
Address St. Joseph, Mo Date signed 4/25/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

1253

(Licensed Embalmer's Statement on Reverse Side)

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

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 4/24/43

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

Signed

Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph Mo.

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.