

JUL 9 1943
Registration District No. 273

Primary Registration District No. 5918

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Salem
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Month 19 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Rural Salem
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Vernon John A. Abornathy

3. (b) If veteran, name war 0

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1943 hour 10 minute 40 PM

21. I hereby certify that I attended the deceased from June 22nd
1943 to June 22nd 1943
that I last saw him alive on June 22nd 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 0

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased: February 3 1943
(Month) (Day) (Year)

Immediate cause of death Acute Entero-Colitis

Duration 4 days

Due to 1190

Other conditions (Include pregnancy within 3 months of death) 0

8. AGE: Years Months Days If less than one day

4 19 hr. min.

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation 0

11. Industry or business 0

MOTHER FATHER { 12. Name Hilton Abornathy

{ 13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Carrie Senco

{ 15. Birthplace Butler Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carrie Abornathy

(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof 6-27-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation York Chapel - Perry Co.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 6-26-43 (b) Tha Gelder
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? (City or town) (County) (State) 0

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work (Specify type of place) Means of injury 0

23. Signature Theodore Fischer M.D.
Altenburg Mo. (M. D. Missouri)
Date signed 7/20/43

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

9
0
0

1326

RECEIVED

District Health Officer No. 4

District File Number 743-2450

Date Filed 7-8-43

APR 11 1951

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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.