V. S. No. 2
50M—5-42
Rev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 28976

Registration District No. 273 | Primary Registration District No. 5915 | Registrar's No. 73

1. PLACE OF DEATH:
(a) County: Porry
(b) City or town: Rural Contral twp
(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 ..... (Specify whether years, months or days)
In this community: 59-0-13

2. USUAL RESIDENCE OF DECEASED: 29
(a) State: Missouri (b) County: Porry
(c) City or town: 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: 0

3. (a) PRINT FULL NAME: Flora S. Abornathy
3. (b) If veteran, name war: .....
3. (c) Social Security No. None

4. Sex: Fomalo
5. Color or race: White
6. (a) Single, widowed, married, divorced: Marriod
6. (b) Name of husband or wife: Carl G. Abornathy
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: July (Month) 13 (Day) 1884 (Year)

8. AGE: Years 59 | Months 0 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Porry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business: .....

FATHER
12. Name: Francis M. Clifton
13. Birthplace: Porry Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Susan N. Cashion
15. Birthplace: Porry Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Carl G. Abornathy
(b) Address: Porryville Mo. Rfd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-29-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: York Chapel Mo.
18. (a) Signature of funeral director: Young & Long
(b) Address: Porryville Mo
19. (a) 7-28-43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1943 hour 7 minute A M.
21. I hereby certify that I attended the deceased from Feb 8, 1943 to July 26, 1943 that I last saw her alive on Feb 8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic interstitial nephritis — Duration
Due to: No history
Due to: .....
Other conditions: Cardiac Asthma
(Include pregnancy within 3 months of death)
Major findings:
Of operations: 1 2 a
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: 0
23. Signature: C J Miller (M. D. ~~or other~~)
Address: Porryville Mo Date signed 7/28/43

(Licensed Embalmer's Statement on Reverse Side)

1326

RECEIVED

District Health Officer No. 4

District File Number 843-2603

Date Filed 8-11-43

**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 Edward L. Young

Licensed Embalmer No. 2138

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.**