

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10567

FILED APR 11 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3009

State File No. \_\_\_\_\_

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Jackson mo  
(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 \_\_\_\_\_  
In this community 65 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES-A. ABERNATHY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced D 3  
6. (b) Name of husband or wife Lizzie Abernathy 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased January 4 - 1879 (Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Cape Girardeau Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Joseph Abernathy  
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)  
14. Maiden name Francis Robins  
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Freeman Abernathy  
(b) Address Jackson mo

17. (a) Burial (b) Date thereof 3/28/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Placent Hill Cem.

18. (a) Signature of funeral director William Staller Sealbach  
(b) Address Jackson mo

19. (a) 3/28/44 (b) W. H. Kestner (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16  
(c) City or town Jackson 2  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. \_\_\_\_\_ (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 Mar day 26 Th  
year 1944 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct 1943 to Mar 1944  
that I last saw him alive on Mar 24 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis  
Due to chr. cystitis 4 mo.

Due to Hypertrophy of prostate 5 yr

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 932  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature T. E. Ruff (M. D. or other) MD  
Address Jackson mo Date signed 3-27-44

RECEIVED

District Health Officer No. 4

District File Number 444-3688

Date Filed 4-8-44

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 *Glenn Wilson*

Licensed Embalmer No. 2828

P. O. Address *Jackson 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.