

FILED APR 28 1944
Registration District No. 2000

Primary Registration District No. 2000

Registrar's No. 315

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and number of township)
(c) Name of hospital or institution:
900-S-GRANT
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME JAMES ABERNATHY

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased APRIL 23, 1938
(Month) (Day) (Year)

8. AGE: Years 5 Months 11 Days 16 If less than one day hr. min.

9. Birthplace SPRINGFIELD (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation Ches

11. Industry or business

12. Name ROBERT ABERNATHY
13. Birthplace SPRINGFIELD (City, town, or county) MO. 0 (State or foreign country)
14. Maiden name RUDENIA RUGERS
15. Birthplace LINCOLN, OKLA. (City, town, or county) (State or foreign country)

16. (a) Informant MR ROBERT ABERNATHY
(b) Address 708 - W - GRAND, Spfd, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-12-44 (Month) (Day) (Year)

(c) Place: burial or cremation LINCOLN, MEMORIAL
18. (a) Signature of funeral director Robert V Smith

(b) Address 742 - W - Jefferson, Spfd, Mo
19. (a) 4-11-44 (Date received local registrar) (b) S W S. Daugherty (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County GREENE
(c) City or town SPRINGFIELD (If outside city or town limits, write "RURAL.")
(d) Street No. 708 - W - GRAND (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from No physician on attendance to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental trauma from falling
Due to Falling under truck

Due to 170C-6

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

Major findings: Of operations

Of autopsy

Duration

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) Accident
(b) Date of occurrence April 7, 1944
(c) Where did injury occur? Springfield, Greene, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In street, middle of block, Grant St.
While at work? Play (Specify type of place) (e) Means of injury Automobile

23. Signature James C. Stone (M. D. or other) Corner
Address Springfield, Mo Date signed 4-10-44

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

Herbert V. Smith

Licensed Embalmer No. *4286*

P. O. Address *702 W. Jefferson*

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.