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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 24 1944

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18008

Primary Registration District No. 2000

Registrar's No. 388

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 708 - W - Grand (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

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? — (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jerry Michael 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 Infant
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive xx years
7. Birth date of deceased March 12, 1944 (Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 23 If less than one day ...hr. ...min.

9. Birthplace Springfield (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Infant
11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mildred Abernathy
15. Birthplace Springfield (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mildred Abernathy
(b) Address 708 - W - Grand Ave. Spfd. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 - 44 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Memorial
18. (a) Signature of funeral director Herbert V Smith
(b) Address 702 N. Jefferson, Spfd. Mo.
19. (a) 5-9-44 (Date received local registrar) (b) [illegible] Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1944 hour 11:00 minute P.M.

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

	Duration
Immediate cause of death. Accidental mechanical suffocation.	
Due to Wrapped to tightly in blankets.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Hemorrhage of Thymus Epicardial hemorrhage	

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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 May 5 1944
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Clothing

23. Signature Murray C Stone, Coroner (M.D. or other)
Address Springfield, Mo. Date signed 5-8-44

(Licensed Embalmer's Statement on Reverse Side)

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 N. Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.