

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

21511

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 486

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME ELLIS T. ABERNATHY
3. (b) If veteran, name war.unk. 3. (c) Social Security No. unk.

4. Sex MALE 2 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Mrs. GEORGIA ABERNATHY 6. (c) Age of husband or wife if alive.unk. years
7. Birth date of deceased Dec. 25, 1884 (Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 14 If less than one day hr. min.

9. Birthplace SPRINGFIELD Mo. D (City, town, or county) (State or foreign country)

10. Usual occupation JANITOR

11. Industry or business

12. Name OLIVER ABERNATHY
13. Birthplace SPRINGFIELD Mo. D (City, town, or county) (State or foreign country)
14. Maiden name SARAH MARLEY
15. Birthplace OZARK Mo. D (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. GEORGIA ABERNATHY

(b) Address 212- S- McALISTER, Bk. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation HAYLEWOOD

18. (a) Signature of funeral director H. V. Smith

(b) Address 702- W. Jefferson Ave. Spt. 1st

19. (a) 6-13-44 (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County GREENE 39
(c) City or town SPRINGFIELD (If outside city or town limits, write "RURAL")
(d) Street No. 212- S- McALISTER 2 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1944 hour 10 minute 50 a.m.

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

Immediate cause of death. Endocarditis chronic.

Due to.

Due to.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

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) (e) Means of injury.

23. Signature. C. Stone Corner 3 (M. D. or other)

Address. Springfield, Mo Date signed 6-10-44

(Licensed Embalmer's Statement on Reverse Side)

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

997

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 with the above constitutes grounds for revocation of license.)

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