

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41104**

Registrar's No. **896**

FILED DEC 27 1944
Registration District No. **128**

Primary Registration District No. **Joss**

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: **212 - S - MEADISTER**
(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 **GEORGIA ABERNATHY**

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

4. Sex **Female** 5. Color of race **NEGRO** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **UNK.** 6. (c) Age of husband or wife if alive **Dec. 7, 1944**
7. Birth date of deceased **JULY 7, 1888**
(Month) (Day) (Year)

8. AGE: Years **56** Months **5** Days **1** If less than one day
hr. min.

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

10. Usual occupation **DOMESTIC**

11. Industry or business

MOTHER FATHER { 12. Name **HENRY MORTON**
13. Birthplace **(UNKNOWN) KENTUCKY**
(City, town, or county) (State or foreign country)
14. Maiden name **LUCY WHITSET**
15. Birthplace **UNK. TEXAS**
(City, town, or county) (State or foreign country)

16. (a) Informant **ANNA ABERNATHY**
(b) Address **212 - S - MEADISTER Springfield, Mo**

17. (a) **BURIAL** (b) Date thereof **12-11-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HAYLE WOOD**

18. (a) Signature of funeral director **Herbert V. Smith**
(b) Address **702 - N - JEFFERSON - Springfield, Mo**

19. (a) **12-11-44** (b) **W. H. Landrum**
(Date received local registrar) (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. **212 - S - MEADISTER**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **8**
year **1944** hour **3** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **Oct 27**
1944 to **Dec 5** 1944
that I last saw him alive on **Dec 5** 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxiation** Duration **90.**

Due to _____

Due to _____

Other conditions **Asphyxiation**
(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? _____

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

23. Signature **W. H. Landrum** (M. D. or other) _____

Address **Springfield, Mo** Date signed **12/5/44**

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Springfield 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.