

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED AUG 7 1945 MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

25323

Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 370 111
 (b) Township Cowash Primary Registration District No. 62550 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Joseph Martin Abernathy St. Lawrence, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1876
 7. AGE YEARS 68 MONTHS 8 DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Ballinger, Mo. (STATE OR COUNTRY)

13. NAME Wilford Abernathy
 14. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY)

15. MAIDEN NAME Jane Brauner
 16. BIRTHPLACE (CITY OR TOWN) Ballinger, Mo. (STATE OR COUNTRY)

17. INFORMANT W. J. Abernathy (ADDRESS) Lawrence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bell Cem DATE July 24, 1945

19. FUNERAL DIRECTOR X J. J. McGowan (ADDRESS) _____

20. FILED 7-24 1945 Inez Bennett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 - 1945
 22. I HEREBY CERTIFY That I attended deceased from Jane 45 to July 1945
 Last saw him alive on June 1945 Death is said to have occurred on the day stated above, at 9:59 m.
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 6 yrs

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) John F. Wagner, M. D.
 (Address) Breswiler, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____, L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)