

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 9 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 32

Primary Registration District No. 4044

Registrar's No. 16

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town ZALMA, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE TIME years, months or days

3. (a) PRINT FULL NAME JOHN R. ABERNATHY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV. 27 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name W. L. ABERNATHY
13. Birthplace BOLLINGER Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name SLAGLE
15. Birthplace BOLLINGER Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant ORAL ABERNATHY
(b) Address ZALMA, Mo.

17. (a) BURIAL (b) Date thereof Thurs 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BERONG CEM. ZALMA, Mo.

18. (a) Signature of funeral director BAKER FUNERAL HOME

(b) Address LUTESVILLE, Mo.

19. (a) March 30, 1946 (b) John G. Sawinburg
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BOLLINGER
(c) City or town ZALMA
(If outside city or town limits, write "RURAL")
(d) Street No. Maynard Dr. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 22
year 1946 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from 1-4-45
to 2-25-46, 19____, to 2-25-46, 19____;
that I last saw him alive on 2-25-46
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Due to Arteriosclerosis

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2

23. Signature John G. Myers (M.D. or other) D.O.
Address Luttsville, Mo. Date signed 3/26/46

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

RECEIVED

District Health Officer No. 4

District File Number 446-1907

Date Filed 4-8-46

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 *No embalming*

Licensed Embalmer No.

P. O. Address.....

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.