

FILED JAN 21 1947

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 3 days

3. (a) PRINT FULL NAME WALLA B. 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 Wella Abernathy 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Jan. 19 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 11 16 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Neah Abernathy

13. Birthplace Perry Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kern

15. Birthplace Perry Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wella Abernathy

(b) Address Lutesville, Mo.

17. (a) Burial (b) Date thereof Jan 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patton, Mo.

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo.

19. (a) 1-15-1947 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ballinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 miles north of Lutesville
(If rural, give location)
(e) Citizen of foreign country? No / (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th year 1947 hour 1:00 minute P. M.
21. I hereby certify that I attended the deceased from Jan 2 1947, to Jan 5 1947; that I last saw him alive on Jan 4 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 4 days

Due to Perforated Peptic ulcer 4 day

Due to Peptic ulcer ?

Other conditions Surgical closure of perforation
(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforated peptic ulcer - peritonitis
Of autopsy 1177
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)
(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) (c) Means of injury

23. Signature T. E. Ruff (M. D. or other) M.D.
Address Jackson Mo. Date signed 1-10-47

Officer No. 4
File Number 147-112
Date Filed 1-20-47

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..... *J. E. Graham*

Licensed Embalmer No. *4010*

P. O. Address *Lutesville, 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.