. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26971

FILED AUG 26 1947

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 250

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 4 days (Specify whether years, months or days)
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Cape Girardeau R.F.D. # 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Isabelle Heise Abernathy
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Samuel D. Abernathy
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 6th (Day) 1868 (Year)

8. AGE: Years 78 | Months 11 | Days 07 | If less than one day hr. min.

9. Birthplace Egypt Mills (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name William Heise
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arnold Bunte
(b) Address St. Louis, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-1947 (Month) (Day) (Year)
(c) Place: burial or cremation McLains Chapel Cemt.

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri.

19. (a) 8-18-1947 (Date received local registrar) (b) C. E. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th year 1947 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from Aug 10, 1947 to Aug 13, 1947 that I last saw her alive on Aug 12, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	36 hr.
Due to Hypertension	8 yr.
Due to	
Other conditions arteriosclerosis (Include pregnancy within 3 months of death)	20 yr.

Major findings:
Of operations
Of autopsy

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

23. Signature C. E. Ruff (M. D. or other) MD
Address Jackson Mo. Date signed 8/18/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 8-4-7-1292

Date Filed 8-25-47

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. William Lee Townes

Licensed Embalmer No. 4410

P. O. Address. Cape Girardeau, 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.