

No. 2  
-12-45  
-5-17-39  
1 X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15659  
46  
Registrar's No.

Registration District No. 52 Primary Registration District No. 5188

1. PLACE OF DEATH:  
(a) County CAPE GIRARDEAU  
(b) City or town RURAL LIBERTY  
(c) Name of hospital or institution: NOT  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County CAPE GIRARDEAU  
(c) City or town Rural (If outside city or town limits, write "RURAL") 16  
(d) Street No. Near Whitewater, Mo. (If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Willard ERVIN ABERNATHY  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 31 1935 (Month) (Day) (Year)

8. AGE: Years 12 Months 10 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: SCOTT Co. MO. 0 (City, town, or county) (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name HARRY J. ABERNATHY  
13. Birthplace BOLLINGER Co. MO. 0 (City, town, or county) (State or foreign country)  
14. Maiden name GLADYS CAMPBELL  
15. Birthplace SCOTT Co. MO. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Harry J. Abernathy  
(b) Address Whitewater, Mo.

17. (a) Burial (b) Date thereof June 6, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plainview Cem.

18. (a) Signature of funeral director A. J. Baber

(b) Address Lutesville, Mo.

19. (a) 6-12-48 (b) D. G. Liberty (Date received local registrar) (Registrar's signature) 175

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5<sup>th</sup> year 1948 hour 7 minute a. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Shot + Hemorrhage Duration \_\_\_\_\_  
Due to being shot by a 12 gauge double barrel shot gun. Shot above going into the right frontal bone.  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
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) Accident 16  
(b) Date of occurrence June 5, 1948  
(c) Where did injury occur? Camp Cape Mo. (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Roy Grindstaff farm - Whitewater  
While at work? No (Specify type of place) (e) Means of injury Shot gun  
23. Signature Dr. G. F. Leonard (M.D. or other) Coroner  
Address Jackson Mo Date signed 6/5/48

RECEIVED

District Health Officer No. <sup>4</sup> ~~.....~~  
District File Number 648-752  
Date Filed 6-14-48

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, Md.*.....

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.