

FILED OCT 8 1948

Registration District No. 702

Primary Registration District No. 5416

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Arbyrd

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 31 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Arbyrd, Mo (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NANCY ELMINE ABERNATHY

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1948 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from Dec 1947 to July 13, 1948
that I last saw or alive on July 13, 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife W. H. Abernathy 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb. 2, 1876
(Month) (Day) (Year)

Immediate cause of death Tumor of Vermis of Brain

8. AGE: Years 72 Months 5 Days 11 If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Salemman Check

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

14. Maiden name Bathryn Masters

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

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? _____

16. (a) Informant W. H. Abernathy

(b) Address Arbyrd, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-48
(Month) (Day) (Year)

(c) Place: burial or cremation "Silverdale" Arbyrd, Mo. nte

23. Signature W. H. Englehardt MD (M. D. or other)
Address Cardwell, Mo Date signed 7-16-48

18. (a) Signature of funeral director Howard Funeral Service while at work _____ (Specify type of place)
(b) Address Leachville, Mo. Means of injury _____

19. (a) 9-24-48 (Date received local registrar) (b) Earl Harrison (Registrar's signature)

RECEIVED

District Health Office No. 2,

District File Number 1048-1288

Date Filed 10-7-48

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 W. H. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark.

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.