

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 33

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

State File No. 32249

Registrar's No. 338

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:  
931 So. Fountain Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether)  
In this community 59 years  
years, months or days

3: (a) PRINT FULL NAME Alice Mildred 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 Lee Abernathy 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 24th 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 9 26 hr. min.

9. Birthplace Don't Know Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Don't Know 9  
13. Birthplace Don't Know (City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Lee Abernathy  
(b) Address 931 So. Fountain St. Cape Gir

17. (a) Burial (b) Date thereof 10822-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director H. H. Homan

(b) Address Cape Girardeau, Missouri

19. (a) 11-6-48 (b) G. G. Summers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. 931 So. Fountain St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th  
year 1948 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from 1941  
19 \_\_\_\_\_ to Oct 20 19 48  
that I last saw her alive on Oct 20 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Carcinoma of stomach  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) \_\_\_\_\_  
(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 G. M. Murphy (M. D. or other) Oct 24  
Address 314 Broadway Date signed 1-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Public Health Officer No. 4  
File Number 1148-1368  
Date Filed 11-8-48

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 Howard B. Hansen

Licensed Embalmer No. 4127

P. O. Address Capitol Hill, D.C.

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.