

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 30 1948

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35831

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 365

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:
227 S. Fountain St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Glenn Abernathy

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Male 2 5. Color or race Negro 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 Unknown 1890
(Month) (Day) (Year)

8. AGE: Years 58 Months Unknown Days ----- If less than one day hr. ----- min. -----

9. Birthplace Cape Girardeau, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business -----

12. Name Jasper Abernathy 7

13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada Whitlaw

(b) Address 45 N. Hanover, Cape Girardeau, Mo.

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

(c) Place: burial or cremation Fairmont Cemetery

18. (c) Signature of funeral director J. J. Sparks
(b) Address Cape Girardeau, Mo.

19. (a) 11-22-48 (b) C. C. 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. 227 S. 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 N ov. day 15
year 1948 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from -----, 19-----, to -----, 19-----;
that I last saw him ----- alive on -----, 19-----;
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition and Exposure Duration -----
Due to Chronic Alcoholism

Due to -----

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

Major findings: Of operations 77E

Of autopsy -----

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) (e) Means of injury -----

23. Signature Dr. J. F. Liguori (M.D. or other) Coroner
Address Jackson Mo. Date signed 11/22/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. 4

114-8-146

11-29-48

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 Frank J. Sparks

Licensed Embalmer No. 34557

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.