

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4211

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>45 N. Hanover</u>				d. STREET ADDRESS (If rural, give location) <u>45 N. Hanover</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>-----</u> c. (Last) <u>Abernathy</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb .17, 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 7, 1876</u>	
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>3</u> DAYS <u>10</u>		11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroading</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		13a. FATHER'S NAME <u>Greer Abernathy</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Abernathy</u>	
13c. NAME OF HUSBAND OR WIFE <u>Rose Abernathy, Dec.</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Abernathy, Dec.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Spanish-American</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ada Whitelaw</u>		18. ADDRESS <u>45 N. Hanover, Charleston, Mo.</u>		19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>of Lung from a Cancer</u> DUE TO (c) <u>of Lung</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Coroner's Case</u> , 19 <u>49</u> , to <u>10:45 A.M.</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb. 22, 1949</u> , and that death occurred at <u>10:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. R. Trickey</u>		23b. ADDRESS <u>Coroner 4 - S. Pacific St. Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>Feb. 18, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 22, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairmont Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 19-1949</u>		REGISTRAR'S SIGNATURE <u>G. G. Summers</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u>		ADDRESS <u>Cape Girardeau, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 24 1949

RECEIVED
District Officer No. 4
District File Number 249-261
Date Filed 2-21-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Air 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.