

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1950

State File No. **23456**
2966

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (In this place) 40 YEARS		d. STREET ADDRESS (If rural, give location) 14 WEST 74TH STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 14 WEST 74TH STREET			

3. NAME OF DECEASED (Type or Print) a. (First) PRUDENCE b. (Middle) G c. (Last) ABERNATHY			4. DATE OF DEATH (Month) (Day) (Year) JULY-4-1950		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH MARCH-10-1863		9. AGE (In years last birthday) 87 YRS		# UNDER 1 YEAR Months Days		# UNDER 1 WK. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) MARATHON, OHIO			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME JAMES HARRIS GRANT			13b. MOTHER'S MAIDEN NAME ---			14. NAME OF HUSBAND OR WIFE MANNING SAMUEL W. ABERNATHY					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Miss BLANCHE ABERNATHY 14 WEST 74TH ST. KANSAS CITY, MO.							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RESPIRATORY FAILURE										INTERVAL BETWEEN ONSET AND DEATH 12 HRS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIOSCLEROSIS											
		DUE TO (c) GENERALIZED ARTERIOSCLEROSIS										30'	
		11. 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 type="checkbox"/>	
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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) KANSAS CITY JACKSON MO.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from **7-4**, 19**59**, to **7-4**, 19**59** that I last saw the deceased alive on **7-4**, 19**59** and that death occurred at **9:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. B. Casebolt (Degree or title) M B Casebolt M.D.			23b. ADDRESS 4000 BALTIMORE			23c. DATE SIGNED JULY 5 1950		
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 6 1950		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
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DATE REC'D BY LOCAL REG. 7-6-50		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. W. Newcomer's Sons 1331 BAWSHO CREEK BLVD KANSAS CITY, MO.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Albert L. Savage
working under my personal supervision.

Student Embalmer No. *360a*

Signed *Albert L. Savage*
Student Embalmer *360*

Signed *John C. Fraking*
Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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.