

**FILED MAR 24 1952**

BIRTH NO.		REG. DIST. NO. <b>107</b>	PRIMARY REG. DIST. NO. <b>3019</b>	Registrar's No. <b>40</b>
1. PLACE OF DEATH a. COUNTY <b>Demopolis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Demopolis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kennett</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kennett 0352</b>		
c. LENGTH OF STAY (In this place) <b>39 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1215 St. Francis St</b>				
3. NAME OF DECEASED a. (First) <b>Mary</b> b. (Middle) <b>Mona</b> c. (Last) <b>Abernathy</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 17 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 13 - 1877</b>	
9. AGE (In years last birthday) <b>74</b>		Months <b>3</b>		Days <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Athens, Ala.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>John Henry Hurd</b>		
13b. MOTHER'S MAIDEN NAME <b>Josephine Cain</b>		14. NAME OF HUSBAND OR WIFE <b>A. J. Abernathy</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Homer Abernathy Dexter</b> ADDRESS <b>770</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure + Pulmonary Edema</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension + nephritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>about 2 wks</b>		
DUE TO (c) <b>Senility</b>		years <b>1 month</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		years <b>years</b>		
19a. DATE OF OPERATION <b>-</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		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) <b>593X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3 3 m</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>11-30-1951</b> to <b>3-16-1952</b> , that I last saw the deceased alive on <b>3-16-1952</b> , and that death occurred at <b>1:06 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>J. R. Kennell M.D.</b> (Degree or title)		23b. ADDRESS <b>Kennett, Mo</b>		23c. DATE SIGNED <b>3-20-52</b>
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-18-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cem</b>
24d. LOCATION (City, town, or county) (State) <b>Kennett, Mo</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Leath Service</b> ADDRESS <b>Kennett, Mo</b>		
DATE REC'D BY LOCAL REG. <b>3-20-52</b>		REGISTRAR'S SIGNATURE <b>Carl H. Hurd</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Leath Service</b> ADDRESS <b>Kennett, Mo</b>

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

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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-21-52

COUNTY FILE NUMBER 352-79

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Edgar Lee Ford*

Licensed Embalmer No. 4433

Signed.....  
Student Embalmer

P. O. Address Kennett 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.