

JUN 25 1943

Registration District No. 317

Primary Registration District No. 3066

1475

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 12 Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Georgie Ann Abernathy

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Kirk 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 11 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 9 12 _____ hr. _____ min.

9. Birthplace Egypt Mills Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Unknown Stiff

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

14. Maiden name Unknown

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

16. (a) Informant Nellie Stiff

(b) Address Route # 12, Kirkwood, Mo

17. (a) Burial (b) Date thereof 6/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) JUN 25 1943 (b) Ed McKeever M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. Route #12 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1943 hour 2 minute 30 AM

21. I hereby certify that I attended the deceased from Dec-10- 1943 to June-23- 1943;
that I last saw her alive on _____ 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Face Duration 6 yrs

Due to _____
Due to _____

Other conditions Sensitivity
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Arthur W. Westrup (M. D. or other) _____
Address Wheeler Insurance Co Date signed 6-25-43

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

6
4
3

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.....

J. Allen Davis Jr.
.....
Licensed Embalmer No. *4053*
.....

P.O. Address.....

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.