

JAN 12 1940

Registration District No. 721

Primary Registration District No.

1. PLACE OF DEATH: 1000  
(a) County 1  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital #1  
(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 Cora Abernathy 165

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 17 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>0</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Henderson Isbell

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

14. Maiden name Theodosia McKnight

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

16. (a) Informant's own signature Fred Miller

(b) Address Rolla, Mo.

17. (a) Removal (b) Date thereof 12/12/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

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

(b) Address 4700 Washington Ave.

19. (a) DEC 12 1939 (b) J. P. Brubaker  
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Rolla NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 926 W. 10th. St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: (Month 12 day 11  
year 1939 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Cellulites following  
fracture of the left  
due to hemorrhagic diabetes  
mellitus suffered as a  
result of a collision between  
Chrysler Truck driven by one  
Charles Turner and Dodge Sedan  
driven by one Gladys  
at intersection of Toy to  
and Olive St about 9<sup>00</sup>  
Of autopsy Nov. 27 - 1939  
accidental

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence 11/12/39

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ---

28. Signature J. P. Brubaker (Name or other)  
Address Deputy Coroner Date signed \_\_\_\_\_

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

REV. 5-17-39  
1-11-1939

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Albert W. Happe*

Licensed Embalmer No.....

*1861*

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, above space should be left blank.**