

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3202 S. JEFFERSON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 3 YRS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town ST. LOUIS 924
(If outside city or town limits, write "RURAL")

(d) Street No. 3202 S. JEFFERSON
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA EMMA ABERNATHY

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex F 5. Color or race W 6. (a) Single widowed married, divorced 2

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

7. Birth date of deceased JULY 30 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 2 21 _____ hr. _____ min.

9. Birthplace CAPE GIRARDEAU CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name JEFFERS

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

14. Maiden name ADELINE BENNETT

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

16. (a) Informant Earl Turkey

(b) Address 3202 S. Jefferson

17. (a) Burial (b) Date thereof OCT 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. F. Brooks

(b) Address Cape Girardeau Mo.

19. (a) OCT 26 1943 (b) J. F. Brooks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 21
year 1943 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from Oct 14 1943 to Oct 21 1943
that I last saw h. alive on Oct 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism Duration 45 min

Due to Chronic Arteriosclerosis

Due to Chronic Hypertension

Other conditions Chronic Myocarditis
(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 J. F. Brooks (M. D. or other) JD

Address 3800 S. Broadway Date signed 10/24/43

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STATEMENT BY LICENSED EMBALMER

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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 *John Hetter*.....

Licensed Embalmer No. *3880*.....

P. O. Address *Strainsville*.....

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.