

FILED MAR 18 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 5179

Registrar's No. 7

1. PLACE OF DEATH:

(a) County. CAPE GIRARDEAU

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

In this community. Life  
years, months or days

3. (a) PRINT FULL NAME. MARY EMILY ABERNATHY

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife. Eli ABERNATHY | 6. (c) Age of husband or wife if alive. 95 years

7. Birth date of deceased. July 12 1855  
(Month) (Day) (Year)

8. AGE: Years 86 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace. Cape Girardeau County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

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

MOTHER FATHER { 12. Name THOMAS Addison Wilson

13. Birthplace Cape Girardeau County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name. MINERVA RUSSELL

15. Birthplace Cape Girardeau County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature. H. W. Boer

(b) Address. 520 Hope St - Jackson, Mo.

17. (a) Burial | (b) Date thereof. 24 15 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Russell Heights

18. (a) Signature of funeral director. M. S. Lamb  
(b) Address. Jackson, Mo.

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cape Girardeau

(c) City or town. Jackson  
(If outside city or town limits, write "RURAL")

(d) Street No. 526 Hope St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13<sup>th</sup>  
year 1942 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1941 to 2-13-42, 1942  
that I last saw her alive on 2-13-42, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Debility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. Inter-sclerotic  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. 162 f

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. D. G. Schermer (M. D. or other) 162  
Address. Jackson, Mo. Date signed. 3-23-42

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

Rev. 5-17-39  
Form 1 (1938)

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.

RECEIVED

District Health Officer No. 4  
District File # 342-380  
Date Filed 3-12-42

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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..... *B. L. Meyer* .....

Licensed Embalmer No. 3051

P. O. Address Jackson 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, above space should be left blank.