

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5017

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town (If outside city or town limits, write "RURAL" and name of township) St. Louis  
(c) Name of hospital or institution: Mo/Baptist Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 78  
(c) City or town perryville  
(If outside city or town limits, write "RURAL")  
(d) Street No. (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 17  
year 1941 hour 9 minute - AM.  
21. I hereby certify that I attended the deceased from June 15th  
1941 to June 17 1941;  
that I last saw him alive on June 17 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pulmonary Embolism 5 Min  
Due to Operation for carcinoma of prostate 2 1/2 hrs

Due to Carcinoma of prostate 2 years

Other conditions  
(Include pregnancy within 3 months of death)

Major findings: Hard Carcinoma of prostate  
Of operations  
Of autopsy  
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. H. Bremer (M.D. or other)  
Address 958 Arcade Perry Date signed 6/18/41

3. (a) PRINT FULL NAME Radcliffe V. Abernathy

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

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

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

7. Birth date of deceased Oct. 31 1862 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 7 17 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Sidney Abernathy

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

14. Maiden name Unknown

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

16. (a) Informant Milton Abernathy

(b) Address Perryville, Mo.

17. (a) Removal (b) Date thereof 6/18/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation York Chapel, Mo.

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

(b) Address 4700 Washington Ave.

19. (a) JUN 18 1941 (Date received local registrar) (b) J. H. Bremer (Registrar's signature)

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

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17  
9

**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..... *Harold S. Runley* .....

Licensed Embalmer No. *4202* .....

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.**