No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 17 1941

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34134

Primary Registration District No. 1

Registrar's No. 298

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

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (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 years, months or days)
In this community: 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Adair
(c) City or town: Kirksville (If outside city or town limits, write "RURAL") 3
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Randolph Abernathy
3. (b) If veteran, name war: ✓
3. (c) Social Security No. ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Alice
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Nov. (Month) 15 (Day) 1859 (Year)

8. AGE: Years 81 Months 11 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace: Ottumwa (City, town, or county) / Iowa (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Agriculture
MOTHER FATHER
12. Name: John Abernathy
13. Birthplace: DK (City, town, or county) / Ky. (State or foreign country)
14. Maiden name: Lucy Shafer
15. Birthplace: DK (City, town, or county) / Ky. (State or foreign country)
16. (a) Informant: Mrs. Geo Benson
(b) Address: Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Kirksville, Mo.
19. (a) Oct. 24 41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1941 hour 3:30 minute P. M.
21. I hereby certify that I attended the deceased from January, 1940, to Oct 19, 1941; that I last saw him alive on Oct 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia (Bronchial)	4 days
Due to	
Due to	
Other conditions: apoplexy (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 1
Of autopsy: 0

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: C. L. Martin (M. D. or other) D.O.
Address: Kirksville Date signed: 10/20/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-41-2004
Date Filed NOV 13 1941

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kirksville 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, fact should be so stated above.