

FILED DEC 10 1942

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 41

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Flat River  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no 0 years.

3. (a) PRINT FULL NAME Arthur Abernathy

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10  
year 1942 hour 2 minute 25 P. M.

4. Sex male 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Grace Abernathy

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: Nov 6 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 10, 1942, to Nov 10, 1942, that I last saw him alive on Nov 10, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 4 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Crushing injury to right shoulder: spine and pelvis. Duration 2 hours.

Due to Falling rock while working in lead mine of St. Joseph lead Co.

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

9. Birthplace Bollinger Co. Mo.  
(City, town, or county) (State or foreign country)

Other conditions none  
(Include pregnancy within 3 months of death)

10. Usual occupation miner

Major findings: 176-6

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business St. Joe Lead Co.

MOTHER FATHER { 12. Name John Abernathy

18. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary C. Waple

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

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

(a) Accident, suicide, or homicide (specify) accident 077

(b) Date of occurrence 11-10-42

16. (a) Informant's own signature Gracie Abernathy

(b) Address Flat River Mo.

(c) Where did injury occur? New Flat River St. Francois Mo.  
(City or town) (County) (State)

17. (a) Burial (b) Date thereof 11-15-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in industrial place, lead mine of St. Joseph lead Co.  
(Specify type of place)

(c) Place: burial or cremation Woodlawn cemetery

While at work? yo (e) Means of injury Falling rock.

18. (a) Signature of funeral director Edwell Bro

(b) Address Flat River Mo.

23. Signature Ed Smith (M. D. or other) M.D.

Address Bonnet Terre, Mo. Date signed 11-11-42

19. (a) 11-15-1942 (b) 11/15  
(Date received local registrar) (Registrar's signature)

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.

District Health Officer No. 3

District File Number 1242-146

Date Filed 12-8-42

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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.....

Licensed Embalmer No.....

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.**