V. S. No. 2
30M—5-42
Rev. 5-17-39
Form X-2575

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED
AUG 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27257

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3507

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 1622 Agnes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community: 42 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: JACKSON 48

(c) City or town: KANSAS City, Mo
(If outside city or town limits, write "RURAL")

(d) Street No.: 1622 AGNES KCMO
(If rural, give location)

(e) Citizen of foreign country? NO (~~Yes or~~ No)

If yes, name country: 1

3. (a) PRINT FULL NAME: JAMES ABERNATHY

3. (b) If veteran, name war: No

3. (c) Social Security No.: No #

4. Sex: MALE

5. Color or race: NEGRO

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

6. (b) Name of husband or wife: EMMA

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: MAR (Month) 6 (Day) 1867 (Year)

8. AGE: Years 75-76 Months 5 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace: TOPEKA KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation: TRAIN PORTER (RETIRED)

11. Industry or business: FRISCO RR.

MOTHER FATHER

12. Name: GRANVILLE ABERNATHY

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

14. Maiden name: NANCY DAINFORTH

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

16. (a) Informant: JAMES ABERNATHY JR.

(b) Address: 2060 NORTH 4th STR KC

17. (a) ~~Burial~~, cremation, or removal: BURIAL (b) Date thereof: 8-14-43 (Month) (Day) (Year)

(c) Place: SPRINGFIELD MO

18. (a) Signature of funeral director: Elmer Greenstreet

(b) Address: 1819 E. 15th KC Mo

19. (a) 8-14-43 (Date received local registrar) (b) T. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 1, day 1943 year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from July 1, 1943 to Aug 11 1943 that I last saw him alive on Aug 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia

Duration

Due to: Chronic interstitial nephritis

Due to: Malignant H.T.

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations: No operation
Of autopsy: None

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): No

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Chas R. Thurston (M.D. or other)

Address: Lincoln Ill Date signed 8-13-43

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. S. Flynn

Licensed Embalmer No. 2211

P. O. Address 1819 E. 15th KC, 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.