

FILED DEC 8 1943

Registration District No. _____

Primary Registration District No. **4468**

1. PLACE OF DEATH:

(a) County **St. Genevive**
(b) City or town **St. Marys 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 _____ (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Genevive**
(c) City or town **St. Marys**
(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 _____

3. (a) PRINT FULL NAME **Anna M. Abernathy**

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

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife **James Abernathy**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 28 1867**
(Month) (Day) (Year)

8. AGE: Years **76** Months **7** Days **2**
If less than one day _____ hr. _____ min.

9. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry Farrar**
13. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Murraray**
15. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jesse Cox**

(b) Address **St. Marys Mo.**

17. (a) **Burial** (b) Date thereof **12-1-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hager Cemetery Perry Co. Mo.**

18. (a) Signature of funeral director **Young & Sons**

(b) Address **Perryville Mo.**

19. (a) **Nov 30/43** (b) **T.M. Douglas**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **30**
year **1943** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Nov. 28**, 19**43**, to **Nov 30**, 19**43**
that I last saw her alive on **Nov 28**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Duration **1 yr.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **93d**

Major findings: Of operations _____

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 **Arthur E. ...** (M. D. or other) **M.D.**

Address **St. Genevive Mo.** Date signed **12-2-43**

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

MAR 10 1944

RECEIVED

District Health Officer No. 4
District File Number 1243-2995
Date Filed 12-7-43

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 Walter Young

Licensed Embalmer No. HO-27

P. O. Address Perryville, Md.

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.