

1939 MAY 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15590
Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 598
 (b) Township Morreau Primary Registration District No. 7355
 (c) City Versailles (d) Street No. North Registered No. 14
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number) North Morreau St.

2. PRINT FULL NAME

157 Charles Wallace Kavanaugh
 (a) Residence, No. VERSAILLES, MISSOURI St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beatrice Kinloch
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 1-1895
 7. AGE YEARS 64 MONTHS 3 DAYS 1/2 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) March 1939 11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, Mo

FATHER 13. NAME William Kavanaugh
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morreau County, Missouri

MOTHER 15. MAIDEN NAME Araminda Charney
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, Missouri

17. INFORMANT (ADDRESS) Mr. Jack Kavanaugh Versailles, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE VERSAILLES City DATE April 4 - 39

19. FUNERAL DIRECTOR (ADDRESS) W. A. Kidwell Versailles Missouri

20. FILED 5/1 1939 Wall of Berry, Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 15th 1939 to Apr 2 1939
 I last saw h. in alive on Apr 2nd 1939. Death is said to have occurred on the date stated above, at 3:10 p. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 2/18/39
Hypertension of 20/110 Months Ago 1
 Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify W. G. Bennett, M. D.
 (Signed) Versailles Mo (Address)

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.

RECEIVED
District Health Officer No. 7
District File Number 7-39-2
Date Filed 5-6-39

STATEMENT BY LICENSED EMBALMER

I, Gene Bartram, Licensed Embalmer No. 4021
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed Gene Bartram
Licensed Embalmer No. 4021

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.)