

LESD OCT 9 1939

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

32409
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 703
(c) City SPRINGFIELD (d) Street No. 401 St. Johns Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Owen Cavaniss
(a) Residence, No. 401 S. Miller 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb
AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
Yest. 78

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Insurance
9. Industry or business in which work was done, as saw mill, bank, etc. salesman
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

FATHER 13. NAME Record 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ma 9

MOTHER 15. MAIDEN NAME Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Record

17. INFORMANT (ADDRESS) Louis J. J. Daniel 453 E. McDaniel

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Sept 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ira C. Phelan Springfield, Mo

20. FILED Sept 16, 1939 Chas. A. George Locy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1939 to Sept 15, 1939
I last saw him alive on Sept 15, 1939. Death is said to have occurred on the date stated above, at 3 PM.
The principal cause of death and related causes of importance were as follows:

arteriosclerotic Bright's Disease Date of onset ?
2107W
Other contributory causes of importance:
Lacerated contused wounds of head
Edema of brain 9/12/39

Name of operation None Date of.....
What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/12, 1939
Where did injury occur? Springfield Mo (Specify city, or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public street
Manner of injury Struck by automobile
Nature of injury Multiple lacerated contusions

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) H. D. Hilobay, M. D.
288 (Address) 923 N. Main

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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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.....

R. F. Thomas, Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ralph Thomas
Licensed Embalmer No. *3681*

P. O. Address *Sp. 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, above space should be left blank.

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