

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

42811
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan ³ Registration District No. 85
 (b) Township 1 Primary Registration District No. 1001 Registered No. 1289
 (c) City or St. Joseph (d) Street No. 200 ft. No. Francis Street Depot 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 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ivan W. Cavender

(a) Residence, No. R.F.D. # 6, St. Joseph, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 8 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm Hand
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm
 10. Date deceased last worked at this occupation (month and year) December 1939 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Market, Iowa

FATHER 13. NAME William Cavender
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana

MOTHER 15. MAIDEN NAME Mary Hicks
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford, Iowa

17. INFORMANT (ADDRESS) Mrs. Charles Hoop # 17 Summit Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE Dec. 15th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Theater - P. O. Box 131 319 So. 10th. Str. Linn Co. Mo.

20. FILED Dec 15 39 AJ. Mottelbusch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13th, 1939
 22. I HEREBY CERTIFY, That I attended deceased from viewed
Dec 13th, 1939

I last saw h. viewed, 19..... Death is said to have occurred on the date stated above, at I. A. S. M.
 The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency

Other contributory causes of importance: none

Name of operation History 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.....
 (Signed) B. W. Tadlock Coroner..... M. D.
85 (Address) King Hill Bldg.

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.

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.....

Robert P. Harrington

..... Licensed Embalmer No. 3258

..... P. O. Address St. Joseph, 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.