

Registration District No. 7899

Primary Registration District No. 6149

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas
 (b) City or town Rural Upton
 (If outside city or town limits, write "RURAL" and name of township)
Success, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas
 (c) City or town Rural Upton
 (If outside city or town limits, write "RURAL")
 (d) Street No. Success
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME THOMAS MONTOE CAWNESS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife AMANDA 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased January 15 1852
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 11 27 hr. _____ min.

9. Birthplace Greensboro N. Carolina
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Edward Cawness

13. Birthplace W. Virginia
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Johnson

15. Birthplace W. Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Leaborn Coffey

(b) Address Success Mo.

17. (a) Burial (b) Date thereof Dec. 29 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vanlee

18. (a) Signature of funeral director J. V. Elliott

(b) Address Houston

19. (a) Dec 28 (b) Mrs H. E. Hart
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 27
 year 1939 hour 10 minute A M.

21. I hereby certify that I attended the deceased from MAY 13, 1939, to DEC. 27, 1939.
 that I last saw him alive on DEC 14, 1939.
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

CORONARY OCCLUSION

Due to ACUTE BRONCHITIS UNDETERMINED ETIOLOGY

Due to CHRONIC MALARIA

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

Major findings: Of operations _____

Of autopsy _____

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 J. G. Bellman (M. D. or other) MD

Address Houston, Mo. Date signed 12-28-39

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

FORM 1 1931

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. 5,
District File Number 14058
Filed 11040

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.....

Licensed Embalmer No.....

P. O. Address.....

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.