

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Randolph 3  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
721 Benson  
(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 4 months 2 10

2. USUAL RESIDENCE OF DECEASED:

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

8. (a) PRINT FULL NAME Irwin Eugene McCabe

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Opal McCabe 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 20<sup>th</sup> 1890  
(Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Moberly - Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Republic Oil Ref. Co

MOTHER FATHER { 12. Name Michael McCabe  
13. Birthplace mich  
(City, town, or county) (State or foreign country)  
14. Maiden name Hend B. Vandivier  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Opal McCabe  
(b) Address Texas City, Texas

17. (a) Burial (b) Date thereof Jan 30<sup>th</sup> 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Moberly - Mo

18. (a) Signature of funeral director Mahan and Son  
(b) Address Moberly, Mo

19. (a) Jan 30 1940 (b) Paul Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27<sup>th</sup>  
year 1940 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 9  
1939 to Jan 27 1940  
that I last saw him alive on Jan 26 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma with brain metastasis  
Due to \_\_\_\_\_  
Duration 7 months

Due to 578  
Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

Major findings: Carcinoma  
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 Paul Williams (M. D. or other) \_\_\_\_\_  
Address Moberly, Mo Date signed 1-30-1940

RECEIVED FILED STATE OFFI  
INDEX CARD RETURNED TO DISTA.  
DATE 9-6-81

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Mokey, 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.