

No. 2  
4-13-40  
1-17-39  
I X231756  
9

REG. DIST. 13 1945  
Registration District No. 238

Primary Registration District No. 4143

Registrar's No.

1. PLACE OF DEATH:  
(a) County Dade  
(b) City or town Lockwood Mo  
(c) Name of hospital or institution: Combs Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town Lockwood Mo  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Larry Gene Cawlfild

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 4  
year 1940 hour \_\_\_\_\_ minute 7:30 P.

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

21. I hereby certify that I attended the deceased from Nov. 4  
1940 to Nov. 4 1940  
that I last saw him alive on Nov. 4 1940  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single divorced \_\_\_\_\_

Immediate cause of death Patient  
Joramen Ovale

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: November 4 1940  
(Month) (Day) (Year)

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

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

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James D. Cawlfild  
13. Birthplace Ash Grove Mo  
14. Maiden name Edith Finley  
15. Birthplace Lockwood Mo

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

16. (a) Informant James D. Cawlfild  
(b) Address Ash Grove Mo  
17. (a) Burial (b) Date thereof Nov 5 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

(c) Place: burial or cremation Cawlfild Brothers  
18. (a) Signature of funeral director Gene C. Brim  
(b) Address Ash Grove Mo  
19. (a) 11-9-1940 (b) J. D. Combs  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
215 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. D. Combs (M. D. or other) \_\_\_\_\_  
Address Lockwood Mo Date signed 11-4-40

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

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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.....

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, fact should be so stated above.**