No
5-1
-17

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15293

Registration District No. 605 Primary Registration District No. ~~5806~~ 4359 Registrar's No. 24

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Tallapoosa, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Conor Tan
(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 New Madrid 72
(c) City or town Tallapoosa
(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.? 0 years.

3. (a) PRINT FULL NAME Leonard Caveness, Jr.
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex male
5. Color or race wh.
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased October (Month) 6, (Day) 1939 (Year)

8. AGE:	Years	Months	Days	If less than one day
	2	7	1	____ hr. ____ min.

9. Birthplace Parma (City, town, or county) Mo. (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name Leonard Caveness
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eva Redding
15. Birthplace Gideon, (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Leonard Caveness
(b) Address Tallapoosa
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 8, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Stanfield cemetery
18. (a) Signature of funeral director Jernigan Funeral Home
(b) Address Malden, Mo. 5 55
19. (a) May 12, 1941 (Date received local registrar) (b) Mary M. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1941 hour 7 AM minute ____ M.
21. I hereby certify that I attended the deceased from April 18th, 1941, to May 6th, 1941; that I last saw him alive on May 6th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Empyema	5 days
Due to Broncho-Pneumonia	Apr 18 1941
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature John D. Vanlelive (M. D. ~~or other~~) 11
Address Malden Mo 112 Main St Date signed 5/7/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

not embalmed

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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STANDARD CERTIFICATE OF DEATH

State File No. 15293

Registration District No. 605 Primary Registration District No. 4359 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK MAKE A PERMANENT RECORD

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County New Madrid

(b) ~~City or town~~ Como T.P.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 Mo (b) County New Madrid

(c) City or town Tallapoosa
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Leonard Caveness Jr

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 child

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 6 (Day) 1939 (Year)

8. AGE: Years 2 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Leonard Caveness
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Eva Redding
15. Birthplace Gideon (City, town, or county) Mo (State or foreign country)

16. (a) Informant Leonard Caveness
(b) Address Tallapoosa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Glenfield Cemetery

18. (a) Signature of funeral director Jeronigan Funeral Home
(b) Address Malden Mo

19. (a) 6-30-41 (Date received local registrar) (b) Dr. Geo. W. Huston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John D. VanCleve (M. D. or other)
Address Malden Mo Date signed

S-15293