. 2
-41
-39
C26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19369 State File No. ~~[illegible]~~

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 147

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 903 S. Bradford
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 903 S. Bradford
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Samuel Saffel Cavett

3. (b) If veteran, name war ---

3. (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 Dora Edwards

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February (Month) 19 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	2	24	..... hr. ..... min.

9. Birthplace Adair Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation County Treasurer

11. Industry or business --

FATHER
12. Name Rufus Cavett
13. Birthplace Adair Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Wright
15. Birthplace Adair Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Dora W. Cavett
(b) Address Kirksville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Yarrow Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Missouri

19. (a) May 16/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1941 hour 12 ~~[illegible]~~ minute 45 P M.

21. I hereby certify that I attended the deceased from April April, 1941, to May 13, 1941;
that I last saw him alive on May 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Sclerotic cardiac of lungs

Due to Pneumonia (bronchial)

Due to ✓

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

Major findings:
Of operations ✓
Of autopsy No

Duration

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 L. J. Conner (M. D. or other)
Address Kirksville Mo Date signed 5/16

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 1941

RECEIVED
District Health Officer No. 10
District File Number 6-41-1190
Date Filed JUN 18 1941

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 Harold F. Vigal

Licensed Embalmer No. 4076

P. O. Address Kirksville, T

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

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