

Registration District No. 689

Primary Registration District No. 2032

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town LOUISIANA (Cedar)
 (c) Name of hospital or institution: Pike County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 082
 (c) City or town Cyrene, Rural 0
 (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 Cora Estella Cave

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alva Cave 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov 22 1981
 (Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Essex, Page Co. Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Levi Clay Wills

13. Birthplace Galline Mich.
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah M. Matton

15. Birthplace Linn Co Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. N. Parsons

(b) Address Cyrene, Mo.

17. (a) Burial (b) Date thereof 9/26/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Mrs. Grace Bankhead

(b) Address Bowling Green, Mo

19. (a) 9-25-41 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
 year 1941 hour 7 minute _____ A. M.

21. I hereby certify that I attended the deceased from December 26, 1940, to Sept 24, 1941;
 that I last saw her alive on Sept 23, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chromiomyocarditis (Sudden failure)
 Due to Fibroma of uterus
 Due to Thyrototoxicosis
 Other conditions 56 lb
 (Include pregnancy within 3 months of death)

Major findings: Of operations Fibroma of uterus
 Of autopsy None made

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? _____

23. Signature [Signature] (M. D. certificate) 0
 Address Bowling Green, Mo Date signed 9/26/41

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1834

Date Filed OCT 13 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.....

Licensed Embalmer No.....

P. O. Address.....

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

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