

JAN 10 1942 34
Registration District No. 34

Primary Registration District No. 6239

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Exeter, Mo. Route one
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 53 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Exeter, Mo. R. R. 1
(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.

3. (a) PRINT FULL NAME Charles Clinton Cage

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

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

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

7. Birth date of deceased June 20 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 28 hr. min.

9. Birthplace Green Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Andrew M. Cage

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

14. Maiden name Mary Jane Smith

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Logan Cage

(b) Address Exeter, Mo. Route one

17. (a) Burial (b) Date thereof Nov. 19 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood

18. (a) Signature of funeral director Horine-Culver

(b) Address Cassville, Mo.

19. (a) Dec. 9-1941 (b) Mrs. W. P. Sealey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th
year 1941 hour 10 minute 00 a.m.

21. I hereby certify that I attended the deceased from Nov. 18, 41
1941, to Nov. 18, 1941.
that I last saw him alive on Nov 18, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary embolus

Due to _____

Coronary disease

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? 2

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

23. Signature E. J. McDaniel (M. D. or other) AB MD.
Address Cassville, Mo. Date signed 12/9/41

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

000

RECEIVED

District Health Officer No. 6,

District File Number 142-63

Date Filed JAN 7 1942

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

G. E. Culver

Licensed Embalmer No.

3584

P. O. Address

Casville 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, fact should be so stated above.