

FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2688

Do not use this space.

1. PLACE OF DEATH

(a) County Laurens Registration District No. 468
(b) Township Bank Prairie Primary Registration District No. 4-2-81 5629 Registered No. 2 55
(c) City _____ (d) Street No. 1 St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Jahze Caffer Laurens County St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 29 - 1844</u>		
7. AGE	YEARS <u>95</u>	MONTHS <u>8</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
FATHER	13. NAME <u>Harden Caffer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah White</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT (ADDRESS) <u>Joe Caffer</u> <u>Crane Mo R. F. D.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crane Mo</u> DATE <u>1-18</u> 19 <u>42</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Sam & Marlowe</u> <u>Crane Mo</u>		
20. FILED <u>Jan 18</u> 19 <u>42</u> <u>Adel M. Fall</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17 1942
22. I HEREBY CERTIFY That I attended deceased from Jan - 10 1942, to Jan - 17 1942
I last saw him alive on Apr 10 1941. Death is said to have occurred on the date stated above, at 11:45 A.M.
The principal cause of death and related causes of importance were as follows:
Cardio-vascular - Renal Date of onset 1950
Other contributory causes of importance: senility 1/3/42
Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. P. Terry M. D.
(Address) Crane Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 242-229

Date Filed FEB 12 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.....

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, above space should be left blank.