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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN - 5 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41105

Registration District No. 168

Primary Registration District No. 5611

Registrar's No.

1. PLACE OF DEATH:

(a) County Johnson,

(b) City or town R.F.D. No.5, Warrensburg, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence, / (If not in hospital or institution, write street number or location)

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

In this community 14 years,

2. USUAL RESIDENCE OF DECEASED: 51

(a) State Missouri, (b) County Johnson, 0

(c) City or town R.F.D. No.5, Warrensburg, Mo. 0 (If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Cordelia Ann Cable.

3. (b) If veteran, name war no

3. (c) Social Security No. no

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

6. (b) Name of husband or wife Porter Allen Cable.

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

7. Birth date of deceased Feb. 16, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	10	12	hr. min.

9. Birthplace Fort Scott, Kansas / (City, town, or county) (State or foreign country)

10. Usual occupation House wife.

11. Industry or business

FATHER 12. Name Richard Warren Spencer.

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

MOTHER 14. Maiden name Mary Carrol,

15. Birthplace Cendman, County, Missouri. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Porter Allen Cable

(b) Address R. R. No. 5, Warrensburg, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 12-30-42 (Month) (Day) (Year)

(c) Place: burial or cremation Barnumton, Missouri.

18. (a) Signature of funeral director R.A. Brauninger

(b) Address Leeton, Mo.

19. (a) 12-28-42 (Date received local registrar) (b) R.A. Brauninger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th, year 1942 hour 2:30 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Dec. 16 1942 to December 28 1942 that I last saw her alive on Dec. 27 1942. and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Degeneration	
Due to 108	6 yrs-
Due to	
Other conditions Lobar Pneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 P.A. Bethay (Mr. D.O. or other) D.O.

Address Leeton, Mo. 12-28-42. Date signed 12-28-42

1026 (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~~ me, Registered ~~Apprentice~~ No. 3377 working under my personal supervision.

Signed R. W. Brauninger

Licensed Embalmer No. 3377

P. O. Address Leeton, 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.