

No. 2
4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3201

LED FEB 11 1943
Registration District No. 294

Primary Registration District No. 3056

State File No. _____

Registrar's No. 10

1. PLACE OF DEATH:

(a) County... Randolph

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

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

(d) Length of stay: In hospital or institution 3 da.
(Specify whether)

In this community... _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jack Miller Cavanaugh

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 at
year 1943 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from Dec 28
1942 to Jan 1 1943
that I last saw him alive on Jan 1 1943
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife... Bettie Cavanaugh 6. (c) Age of husband or wife if alive... _____ years

7. Birth date of deceased... Nov. 23 1916
(Month) (Day) (Year)

Immediate cause of death... Pneumonia (Bronch) 5 da.
Duration

8. AGE: Years Months Days If less than one day

26 | 1 | 8 | hr. _____ min.

Due to... _____

Due to... _____

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

107

9. Birthplace Moberly Mo
(City, town, or county) (State or foreign country)

10. Usual occupation High School Teacher

PHYSICIAN

Major findings:
Of operations... _____

Of autopsy... _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Homer H. Cavanaugh

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

14. Maiden name Idress Foster

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

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? _____

16. (a) Informant Mrs. Bettie Cavanaugh

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Jan 3 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director... Mahan and Son
(b) Address... Moberly Mo

19. (a) 1-3-43 (b) Uma Hale
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature J. P. McCormick M. D. or other) _____
Address Moberly Mo Date signed 1-1-43

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

MOTHER FATHER

1056 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 2-43-210

Date Filed -- FEB 10 1949 -----

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 Frank S. Scmitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.