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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 10964

Registrar's No. 238

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 1245 N. JEFFERSON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 70 YR.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE

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

(d) Street No. 1245 N. JEFFERSON.
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME J. EMMETT CAVIN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife DONNA F. CAVIN

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July (Month) 12 (Day) 1873 (Year)

8. AGE: Years 70 Months 7 Days 29 If less than one day ..... hr. ..... min.

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

10. Usual occupation State of Mo. Employee

11. Industry or business Unemployment Compensation Co.

FATHER
12. Name Joseph Cavin
13. Birthplace Unk. (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Christena Small
15. Birthplace Unk. (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Donna F. Cavin
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cem

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.

19. (a) 3-14-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 11
year 1944 hour 71 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1940 ....., 19..., to 3/11/44, 19...;
that I last saw him alive on 2/15/44, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina pectoris	3 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94	
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 J. B. Lemmon (M. D. or other) M.D.
Address Springfield, Mo. Date signed 3/13/44

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4071

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.