

Registration District No. 278

Primary Registration District No. 3054

State File No. ....

Registrar's No. ....

1. PLACE OF DEATH

(a) County Pike  
(b) City or town Lawrence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mineral Springs  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike  
(c) City or town Rural Bowling Green  
(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

Lewis Ross Caven

3. (b) If veteran, name war no 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 Emma Caven 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Nov. 4 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation Harmoning

11. Industry or business

12. Name Samuel Caven  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen Blaine  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. R. Caven

(b) Address Bowling Green MO

17. (a) Burial (b) Date thereof 3 27 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green MO

18. (a) Signature of funeral director Grace Bantchard

(b) Address Bowling Green MO

19. (a) 3-27-44 (b) J. J. Haley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 26  
year 44 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3-20 1944 to 3-26 1944;  
that I last saw him AM alive on 3-26 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza (with Respiratory Complications)  
Duration 1 Week

Due to

Due to

Other conditions (include pregnancy within 3 months of death) ZZA

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?

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

23. Signature Glenn D. Oney (M. D. or other) D.O.

Address Bowling Green, MO Date signed 3-27-44

1169

(Licensed Embalmer's Statement on Reverse Side)

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

2  
2  
2

20

RECEIVED

District Health Officer No. 10

District File Number 4-44-758

Date Filed APR 1 1 1914

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.....

*Grace Donahood*

Licensed Embalmer No.....

2204

P. O. Address.....

*Bewick Green*

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.