

Register's No. FILED MAY 12 1944

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede ⁵³
(c) City or town Lebanon ⁷
(If outside city or town limits, write "RURAL") ²
(d) Street No. West 4th Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME GEORGIE CAVINESS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased July 25 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 1 If less than one day..... hr. min.

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

10. Usual occupation Invalid

11. Industry or business

12. Name George Caviness 9

13. Birthplace unknown (City, town or county) (State or foreign country) 9

14. Maiden name unknown

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

16. (a) Informant Mrs Climpingbeard

(b) Address West 4th St Lebanon Mo.

17. (a) Burial (b) Date thereof 4-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bidwell Cemetery

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.
19. (a) May-5-44 (b) Grace Popen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1944 hour 10 minute 9 P. M.

21. I hereby certify that I attended the deceased from Aug 15, 1941, to April 26, 1944;

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Myocardial failure 3 wks

Due to.....

Due to.....

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

Major findings: 9312

Of operations.....

Of autopsy.....

Duration

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 0

23. Signature James L. Hope, (M. D. or other)
Address Lebanon, Mo. Date signed 7/29/44

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

MOTHER FATHER

Received

Laclede County Health Unit

File No. 4-44-57

Date Filed 5/11/48

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 Dorsey N. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.