

No. 2
 M-5-43
 7. 5-17-39
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **3148**
 Registrar's No. **20**

FILED FEB 13 1945
 Registration District No. _____

Primary Registration District No. **3056**

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

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 6 days
 In this community 11 months (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Huntsville
(If outside city or town limits, write "RURAL")
 (d) Street No. Depot Street
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ora Beulah Cavanaugh
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ed Cavanaugh 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased July 13 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 29
 year 1945 hour 12 minute 45 P. M.
 21. I hereby certify that I attended the deceased from Jan 23
1945 to Jan 29 1945
 that I last saw her alive on Jan 29 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death Hemiplegia

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>6</u>	<u>16</u>	hr. _____ min.

Due to Hemorrhage in brain 6 do
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation housewife
 11. Industry or business _____
 12. Name A.M. Brogan
 13. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Ann Crutchfield
 15. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant Mr. Ed Cavanaugh
 (b) Address Huntsville, Missouri
 17. (a) burial (b) Date thereof 1/31/1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hickory Grove Cemetery
 18. (a) Signature of funeral director Tom B Patton
 (b) Address Huntsville, Mo
 19. (a) 1-29-45 (b) Orma Kave
(Date received local registrar) (Registrar's signature)

Major findings: _____
 Of operations _____
 Of autopsy _____
 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 F. L. McCormick (M. D. or other M.D.)
 Address Moberly Mo Date signed 1-29-45

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

1036

RECEIVED

District Health Officer No. 10

District File Number 2-45 ~~304~~ 32

Date Filed FEB. 11 1945

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.