

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1946
STANDARD CERTIFICATE OF DEATH

State File No. **2694**
Registrar's No. **52**

Registration District No. **128** Primary Registration District No. **2000**

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:
1030 Cherry St., 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)

3. (a) PRINT FULL NAME **Rachel Fawcett**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Robert E. Fawcett** 6. (c) Age of husband or wife if alive **UNK.** years
7. Birth date of deceased **12-21-1872**
(Month) (Day) (Year)

8. AGE: Years **73** Months **0** Days **27** If less than one day
hr. _____ min.

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

10. Usual occupation **House Wife**

11. Industry or business **At Home**

MOTHER FATHER { 12. Name **(Buck) Wm. B. Cavin**
13. Birthplace **Bradford Co. Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Louisa A. Potter**
15. Birthplace **Dallas Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robt. E. Fawcett**
(b) Address **W. Grove, Mo.**

17. (a) **Burial** (b) Date thereof **1-20-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Phagant Ridge**

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

19. (a) **1-19-46** (b) **W. W. Kingner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**
(c) City or town **Fair Grove**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **18**
year **1946** hour **12:** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Sept** 19 **45** to **Jan 18** 19 **46**
that I last saw he **e-** alive on **Jan 18** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **4 Days**

Due to **Arterio-sclerotic Vascular Disease**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **12/10** 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) (c) Means of injury _____

23. Signature **W. W. Kingner** (M. D. or other) **MO**
Address **Springfield Mo.** Date signed **1-18-46**

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

9
2
6

630

111

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: *May Rhodes*.....

Licensed Embalmer No. *4017*.....

P. O. Address: *Springfield*.....

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.