

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 6 1946

Registration District No. 62

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23003

State File No.

Primary Registration District No. 6239

Registrar's No.

36

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural, Lim Turp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 years
(Specify whether years, months or days)
In this community 30 years

3. (a) PRINT FULL NAME

WOODIE S. CACY

3. (b) If veteran,

name war XXXX

3. (c) Social Security

No. XXXX

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced W 9

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

7. Birth date of deceased November 24, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 11 X hr. X min.

9. Birthplace Cedar County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXXXXX

12. Name W. S. S. Cacy

13. Birthplace Cedar County, Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Firestone

15. Birthplace Cedar County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Cacy

(b) Address Dan Negan, Mo

17. (a) Burial (b) Date thereof 7-17-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindhey Prairie

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton Missouri

19. (a) 7-31-46 (b) Geneva Garrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. XXXXX
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1946 hour 11 minute 00 M.

21. I hereby certify that I attended the deceased from July 15, 1946 to July 15, 1946;

that I last saw him alive on July 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death The deceased
expired from State Hospital
January 3, 1946. This
due to pneumonia was found
in a straw stock July 15, 1946
Due to showed no external injuries.
Death was from exposure

Other conditions To Coldwater and
(Include pregnancy within 3 months of death)

Major findings: body identified by
of operations: dental chart of hospital
Of autopsy: none

1952

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 40
(b) Date of occurrence 7-15-46
(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 3

23. Signature M. D. Quinn, Coronator
Address Edwards Springs, Mo Date signed 7/15/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer
District No. 7
7-46-189
Date Filed 8-5-46

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton 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.