

No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23204

State File No. _____

Registrar's No. 15

FILED *NOV 28 1946*

Primary Registration District No. 0417

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Rural- Clay Township
(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 1 Day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Periscot 78
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural route 1
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bessie Lavern Cagle

3. (b) If veteran, name war X
 3. (c) Social Security No. X

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced X 0
 6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased May 26, 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	1	hr. min.

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

10. Usual occupation X

11. Industry or business _____

MOTHER FATHER
 12. Name Ball Cagle
 13. Birthplace Caruthersville, Mo. 0
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Tate
 15. Birthplace Periscot, Co., Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Bill Cagle

(b) Address Holland, Mo.

17. (a) Removal (b) Date thereof 5/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H. L. Smith Funeral Home
(City, town, or county)

(b) Address Caruthersville, Mo.

19. (a) 7-6-1946 (b) Bertha Kinschering
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month May day 27
 year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Premature
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy 159

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 3

23. Signature Walter C. Hausman
Address Periscot, Mo. Date signed 5-3-46

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

22000

RECEIVED

District Health Office No. 2

District File Number 746-841

Date Filed 7-15-46

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.....

Body Was Not Embalmed

Registered Apprentice No. 1

working under my personal supervision.

Signed

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.