

STANDARD CERTIFICATE OF DEATH

State File No. 27837

FILED SEP 6 1946
Registration District No. 234

Primary Registration District No. 5814

Registrar's No. 18

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

1. PLACE OF DEATH:
(a) County MORGAN
(b) City or town RURAL BUFFALO TWP
(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 LIFE years, months or days

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

3. (a) PRINT FULL NAME FRANCES ELIZABETH CABLE

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 J.M. CABLE 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased OCT 18 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>9</u>	<u>23</u>	hr. min.

9. Birthplace CAMDEN Co. MO. A
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name JIM TOMBS

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

14. Maiden name FRANCES MCFARLAND

15. Birthplace MORGAN MO. A
(City, town, or county) (State or foreign country)

16. (a) Informant J.M. CABLE

(b) Address STOVER MO.

17. (a) BURIAL (b) Date thereof 8-15-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STOVER CEM.

18. (a) Signature of funeral director J. J. Ginn

(b) Address _____

19. (a) 8-30-1946 (b) W. E. Ripberger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 11 1946
year 1946 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from 8-25-43
to 8-11 1946
that I last saw her alive on 8-4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of all internal organs of chest & abdomen
Duration 2 or 3 months

Due to Cancer of Rr breast 2 years

Due to _____

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

Major findings: 50
Of operations _____

Of autopsy none

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 A. J. Ginn (M. D. or other)

Address Verballer mo Date signed 8/17/46

RECEIVED

8-46-919
9-5-46

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.....

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address. Stover 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.