

FILED SEP 21 1946

Registration District No. 91

Primary Registration District No. 5288

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Rural - Washington  
(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 \_\_\_\_\_  
(Specify whether)  
In this community 25 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM THOMAS CAVENDER

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Maude Harris Cavender 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Sept 27 1868  
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Robert H. Cavender  
13. Birthplace Louisville Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna E. Slawson  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward S. Cavender  
(b) Address Liberty Missouri

17. (a) Burial (b) Date thereof Oct. 12 '46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawson Cemetery

18. (a) Signature of funeral director Jarman - Pritchard  
(b) Address Lawson Missouri

19. (a) 10/12/46 (b) Maroline Gutching  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10  
year 1946 hour 4 minute 47 P.M.

21. I hereby certify that I attended the deceased from Sept. 1946 to Oct. 10 1946  
that I last saw him alive on Oct. 9, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage  
Left Hemiplegia  
Due to Chronic Myocardial  
insufficiency  
Due to \_\_\_\_\_

Duration 3 weeks

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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 \_\_\_\_\_

23. Signature Delos Buehler (M. D. or other) \_\_\_\_\_  
Address Lawson, Mo. Date signed Oct. 10, 1946

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

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 10-19-46

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 Claude Richard

Licensed Embalmer No. 2754

P. O. Address Exeluniffy, 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.