

No. 2
-5-43
-17-39
X35671

FILED DEC 16 1946
Registration District No. 23

Primary Registration District No. 5458

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Walnut Grove Mo R2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Walnut Grove Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 61 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Walnut Grove, Township R2
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Walnut Grove township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Anna Louckha Cawble

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Quince W. Cawble
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased May-13 1875 ~~1876~~
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Rural farm home

MOTHER FATHER

12. Name W. A. Seehorn

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

14. Maiden name Margaret Houston

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loren Casey

(b) Address Walnut Grove Mo

17. (a) Burial (b) Date thereof Nov-20-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandlawn Cemetery

18. (a) Signature of funeral director Gene A. Birn

(b) Address Walnut Grove Mo

19. (a) Nov-20-1946 (b) Nelson P. Maray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1946 hour 5 minute 7 M.

21. I hereby certify that I attended the deceased from Oct-26
1946 to Nov-18 1946
that I last saw u alive on Nov-15 1946
and that death occurred on Nov-15 1946

Immediate cause of death Exhaustion from
General Exhaustion
Due to chronic obstruction Bowels
Due to unknown

Duration
2 weeks
1 mo
3 mo

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

Major findings: Operation Gall Bladder
Of operations in July 1946
Of autopsy J. J. B

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 Ed Charles A. Orr (M. D. or other) MD
Address Ark Grove Mo Date signed 11/20/46

RECEIVED

Greene County Health Office,

County File Number 46-12-124

Date Filed 12/12/46

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.....

Warren D. Noblett

Licensed Embalmer No.....

4005

P. O. Address.....

Cash, Grove, 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.