

FILED JUN 2 1947

State File No.

Registration District No. 290

Primary Registration District No. 5984

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Richland Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME WILLIAM A CABY

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 11. 1876  
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

12. Name William A Caby

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

14. Maiden name Betty Mackentree

15. Birthplace Laurel Co Mo  
(City, town or county) (State or foreign country)

16. (a) Informant John Caby

(b) Address Richland Mo

17. (a) Buried (b) Date thereof 5/8/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Lawn

18. (a) Signature of funeral director R. B. Jurek

(b) Address Richland Mo

19. (a) 5/23/47 (b) Thelma C. Buckthorpe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pulaski  
(c) City or town Richland  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1947 hour 2 minute 35 M.

21. I hereby certify that I attended the deceased from March 1947 to May 1947 that I last saw him alive on May 1947 and that death occurred on the date and hour stated above.

Immediate cause of death cessation of respiration Duration \_\_\_\_\_

Due to Pulmonary congestion

Due to metastasis of cancer of prostate

Other conditions 51B  
(Include agency within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (or) Means of injury \_\_\_\_\_

23. Signature R. B. Jurek (or) other \_\_\_\_\_

Address Richland Mo Date signed 5/12/47

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.....

Arle E. Bunch, Registered Apprentice No. 481  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3198

P. O. Address..... Richland 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.**