S. No. 2
OM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34234

Registration District No. 123 Primary Registration District No. 5458 Registrar's No. 70

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Walnut Grove Rural Rr
(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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Walnut Grove Missouri
(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)
If yes, name country

3. (a) PRINT FULL NAME Charles S. Caubbe

3. (b) If veteran, name war Nil

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cotta Florence Killingsworth Caubbe

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased September (Month) 11 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	1	20	hr. min.

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

10. Usual occupation Retired

11. Industry or business Supt for Phinny Marble C.

FATHER
12. Name William Caubbe
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Jane Longerier
15. Birthplace (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant Mrs Etta F. Caubbe
(b) Address Walnut Grove Mo Rr

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV-2-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Greenhawn Cemetery

18. (a) Signature of funeral director Gene A. Brown
(b) Address Walnut Grove Mo

19. (a) 11/1/47 (Date received local registrar) (b) Nelson L. Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31 year 1947 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept 1947, to Oct 31, 1947; that I last saw him alive on Oct 29, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrum Sclerosis

Due to General Arteriosclerosis

Due to

Other conditions Post-operative Prostatic Carcinoma
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma
Of autopsy 51 B

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr Charles H Orr (M. D. or other)
Address Ash Grove Mo Date signed 11/1/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 47-11-86
Date Filed NOV 11-12-47
NOV 24 1947

NOV 14 194

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 Brent Miller, Registered Apprentice No. 459, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 266

P. O. Address 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.