

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42473

FILED DEC 26 1947  
Registration District No. 245

State File No. \_\_\_\_\_

Primary Registration District No. 3047

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Neosho  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sale Memorial Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Year (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73  
(c) City or town Neosho 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 525 Pearl St. 2  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Leo Caffrey  
3. (b) If veteran, name war \_\_\_\_\_ 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 Theresa Caffrey  
6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased June 22 1882  
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 26  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Gravenhurst Ontario Canada 2  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired

11. Industry or business \_\_\_\_\_  
12. Name Bernard Caffrey 7  
13. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)  
14. Maiden name Honore Heaphy  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
16. (a) Informant Theresa Caffrey  
(b) Address 525 Pearl St. Neosho, Mo.  
17. (a) Burial (b) Date thereof 12-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Marshalltown, Iowa  
18. (a) Signature of funeral director Clark Bigham Mortuary  
(b) Address Neosho, Mo.  
19. (a) Dec. 19, 1947 (b) Melvin C. Roseman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18  
year 1947 hour 9 minute 50 A.M.  
21. I hereby certify that I attended the deceased from OCT. 24 1947 to DEC. 18 1947  
that I last saw him alive on 18 DEC. 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA LIVER Duration 1 YEAR

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions DIABETES MELLITUS 5 YEARS  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy H&F  
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 L. J. Taylor (M. D. or other) MP.  
Address Neosho, Mo. Date signed 19 Dec 47

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

RECEIVED

District Health Officer No. Newton  
District File Number 1247337  
Date Filed 12-24-47

MAR 1 1948  
MAR 22 1948

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 H. G. White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.