. S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 760

FILED JAN 27 1948

Registration District No. 1488 — Primary Registration District No. 2000 — Registrar's No. 26

39
2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Green
(b) City or town Springfield Mo. 11
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1330 Cherry St. Burgen Connely Rest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 3 months (Specify whether
In this community about 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 22
(a) State Mo. (b) County Christian
(c) City or town Rogersville Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maud Cave
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife L. N. Cave
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased July (Month) 5 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	6	6	hr. min.

9. Birthplace Christian Co. Mo. 6
(City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name L. J. Christman
13. Birthplace Mo. U
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ella Gouce
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)
16. (a) Informant L. N. Cave
(b) Address Ozark Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Cemetery
18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.
19. (a) 1-12-48 (Date received local registrar) (b) W. I. Handley MD (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11"
year 1948 hour 6 minute 30 a.m.
21. I hereby certify that I attended the deceased from October 1947 to 11 Jan 1948
that I last saw her alive on 10 Jan 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Thrombosis Cerebral	5 days
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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 0 ✓
23. Signature J. N. Wakeman (M. D. or other)
Address Springfield Mo. Date signed 12 Jan 48
626 Woodruff Bldg.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 T. B. Chaffin

Licensed Embalmer No. 2152

P. O. Address Ozark, 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.