

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 761
Registrar's No. 56

FILED JAN 27 1948

Registration District No. 128 Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community 15 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Dorsey Caynor
3. (b) If veteran, name war None 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 Bernice Irene Caynor 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased June 2, 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 18 If less than one day hr. min.

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

10. Usual occupation Trucker

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bernice Caynor

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 1/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home

(b) Address Springfield, Missouri

19. (a) 1-21-48 (b) W.S. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 224 1/2 S. Campbell
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 20
year 1948 hour 12:45 minute _____ P. M.
21. I hereby certify that I attended the deceased from January 11, 1948 to January 20, 1948
that I last saw him alive on January 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoiditis Chronic
Duration 6 hours

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 9/3
Of autopsy _____
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? Yes

(Specify type of place) _____
(e) Means of injury _____

23. Signature W. Beckwith (M. D. or other) MD
Address 163011 Jefferson Springfield Mo Date signed Jan 20 1948

JAN 18 1949

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 *L. Arthur Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.