

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14179

Registration District No. 26

Primary Registration District No. 3002

State File No. _____

Registrar's No. 55

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9
(Specify whether _____)
In this community Entire Life
years, months or days)

3. (a) PRINT FULL NAME Francis Cauthorn
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 28, 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days --1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired School Teacher

11. Industry or business _____
12. Name C. J. Cauthorn
13. Birthplace Va.
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Botts
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. C. Cauthorn
(b) Address Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/40
(Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Blanche Kelly
(b) Address Mexico, Missouri

19. (a) May 1-1940 (Date received at local registrar) (b) Blanche Kelly (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 320 Woodlawn
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day April
year 1940 hour 3 minutes 0 M.

21. I hereby certify that I attended the deceased from Nov
several yrs to April 29, 1940
that I last saw h E alive on April 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
the 4th or 5th in last 3 years

Due to Arterio Sclerosis Duration 20 yrs
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy None

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) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature M R Ruch (M. D. or other)
Address Mexico Mo Date signed May 1-1940

RECEIVED

District Health Officer No. 10

District File Number 5-40-914

Date Filed MAY 7 1940

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 *Clara Aristede*

Licensed Embalmer No. 3569

P. O. Address Mexico, Pa

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, above space should be left blank.