

FILED FEB 19 1942

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

Registration District No. 0088

Primary Registration District No. 4172

Registrar's No. 77

1. PLACE OF DEATH:  
 (a) County Dunklin  
 (b) City or town Kennett Mo. Mo. Mo.  
 (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 \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days Four years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Dunklin  
 (c) City or town Kennett  
 (d) Street No. 119 Central St  
 (e) Citizen of foreign country? \_\_\_\_\_  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Cabbage  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. 710

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 30  
 year 1941 hour 6 minute 55 P.M.  
 21. I hereby certify that I attended the deceased from Dec 29  
 1941, to Dec 30 1941  
 that I last saw her alive on Dec 30 1941  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Julius Cabbage 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 Birth date of deceased July 5 1864  
 (Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Uremia

8. AGE: Years 77 Months 5 Days 25  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Intestinal obstruction  
Kidney failure

9. Birthplace New Haven Ill  
 (City, town, or county) (State or foreign country)

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

10. Usual occupation House Keeper

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 12282

11. Industry or business \_\_\_\_\_  
 12. Name Wm Butts  
 13. Birthplace Don't Know Ill  
 14. Maiden name Mary Price  
 15. Birthplace Don't Know Ill

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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Mrs Ida Blanner  
 (b) Address Kennett Mo  
 17. (a) Burial (b) Date thereof Dec 31-41  
 (c) Place: burial or cremation Ox, Ridge Cem

While at work? \_\_\_\_\_  
 (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature J. M. King M.D. or other M.D.  
 Address Kennett Mo - Date signed 1-22-42

18. (a) Signature of funeral director John Wood Co  
 (b) Address Kennett Mo  
 19. (a) 1-31-42 (b) John Blank  
 (Date received local registrar) (Registrar's signature)

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

35  
2  
2

35  
2  
2

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 242-269

Date Filed 2-13-42

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**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 A. C. Lansdell

Licensed Embalmer No. 818

P. O. Address Kennett 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.**