

FILED MAY 5 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 280

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

1. PLACE OF DEATH:  
 (a) County GREENE  
 (b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Aldrich - Rural (If outside city or town limits, write "RURAL")  
 (d) Street No. Lined 3 miles East of Aldrich (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Jeppie Lou Cawden

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband Wil Cawden 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec 29 1885 (Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Unknown, Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Martin Owens

13. Birthplace Unknown Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Rachel Churchman

15. Birthplace Unknown Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Wil Cawden

(b) Address Bolivar Mo.

17. (a) Burial (b) Date thereof Apr. 10 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Camp Ground

18. (a) Signature of funeral director Hutchens & Co.

(b) Address Bolivar Mo.

19. (a) 4-10-42 (b) AV W. Handley (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 10 year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 27 1942 to Apr. 9 1942 that I last saw her alive on Apr. 9 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Erythema Multiforme Duration 3 wks.

Due to Food poisoning

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 1 3 2

(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 D

23. Signature Francis B. Kemp (M. D. or other) MD

Address Springfield Date signed 4-10-42

**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

*Ohly J ester*

Licensed Embalmer No.

*4154*

P. O. Address

*Bolivar MD*

**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.**