

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 269

Primary Registration District No. 2637

Registrar's No. 98 73

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0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Laurens

(b) City or town St. Vernon Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 days  
(Specify whether years, months or days)

In this community 32 days

3. (a) PRINT FULL NAME Richard M. Cafferty

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 20 1907  
(Month) (Day) (Year)

8. AGE: Years 35 Months 4 Days 1  
If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name Jesse F. M. Cafferty

13. Birthplace Siouxsiding Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Annah Cahroff

15. Birthplace Christian & Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Michael R. ...

(b) Address Mo. State San. St. Vernon Mo.

17. (a) Burial (b) Date thereof aug 29 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McConel Cem

18. (a) Signature of funeral director J.W. Maples

(b) Address Claver Mo

19. (a) 8/27/42 (b) Andy ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Siouxsiding  
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21  
year 1942 hour 4:30 minute am

21. I hereby certify that I attended the deceased from July 21 1942 to Aug 21 1942  
that I last saw him alive on Aug 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Duration 7 yrs

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations

Of autopsy Ribc Pulm & B.C.

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature Paul ... (M. D.)

Address St. Vernon, Mo Date signed 8-21-42

RECEIVED

District Health Officer No. 6,

District File Number 942-1377

Date Filed SEP 10 1942

SEP 16 1942

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 J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clem 210

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.