

FILED JUN 14 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 5466

Registrar's No. 430

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

1. PLACE OF DEATH:

(e) County GREENE  
(b) City or town Springfield Campbell  
(c) Name of hospital or institution: Osark Osteopathic Hospital  
(d) Length of stay: In hospital or institution from May 9-1943  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cambden<sup>15</sup>  
(c) City or town Cambden<sup>2</sup>  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No. (Yes or No)

3. (a) PRINT FULL NAME George Landes Caviness

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

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

6. (b) Name of husband or wife Charity Ann Caviness 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 9, 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace hinn Creek Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

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

12. Name Albert Caviness

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

14. Maiden name Unknown

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

16. (a) Informant Jessie Peterson

(b) Address Croton, Conn.

17. (a) Burial (b) Date thereof 5-28-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Decaturville, Mo.

18. (a) Signature of funeral director Benjamin McAlery

(b) Address Cambden, Mo.

19. (a) 5-28-43 (b) S. M. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1943 hour 5:40 pm minute 17 M.

21. I hereby certify that I attended the deceased from May 9, 1943 to May 26, 1943 that I last saw him alive on May 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Retention of Urine  
Hypertrophy of  
Gland of prostate

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

Major findings: Of operations 137a Of autopsy \_\_\_\_\_

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?

23. Signature William J. Taylor (M.D. or other) DO  
Address Springfield Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUN 29 1943

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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

*Abbie B. Woolery*

Licensed Embalmer No.

*2488*

P. O. Address

*Bandenton, N.J.*

**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.**