

S. No. 2 -
M-9-4-41
5-17-39
X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20976

State File No.

FILED JUN 25 1943

Registration District No. 50

Primary Registration District No. 4071

Registrar's No. 27

15
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Camden

(b) City or town Camdenton
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden

(c) City or town Camdenton 15
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Albert Sherman Caviness

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1943 hour 3 minute 5:54 A.M.

21. I hereby certify that I attended the deceased from May 17 1943 to May 17 1943
that I last saw him alive on May 17, 1943 and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race whk

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

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: July 13 1863
(Month) (Day) (Year)

Immediate cause of death Interstitial nephritis - Chronic

Duration 1942

Due to.....

Due to..... 13/0

Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years 77 Months 10 Days 4
If less than one day hr. min.

9. Birthplace Camden Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

Major findings: Of operations no operation

Of autopsy no autopsy

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name Albert Caviness

13. Birthplace South Carolina
(City, town, or county) (State or foreign country)

14. Maiden name 3

15. Birthplace 3 3 9
(City, town, or county) (State or foreign country)

16. (a) Informant Itha Caviness

(b) Address Camdenton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 43
(Month) (Day) (Year)

(c) Place: burial or cremation Roach Cemetery

18. (a) Signature of funeral director Bankson - W. Colery

(b) Address Camdenton, Mo.

19. (a) June 24 43 (Date received local registrar) (b) Edith Nelson (Registrar's signature)

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 W. E. Chesbrough M.D. (M. D. or other title) M.D.

Address Camdenton, Missouri Date signed 6/23/43

1357

RECEIVED

District Health Officer No. 7,

District File Number 5-43-598

Date Filed 6-25-43

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 Camden, 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.