S. No. 2
DM—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3168

Registration District No. 157 | Primary Registration District No. 3028 | Registrar's No. 39

49 / 3

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 116 Howard Street
(If not in hospital or institution, write street number or location)

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

In this community 5 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 318 No. Garrison Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES AGUSTUS CAVE

3. (b) If veteran, name war None

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 Ella Cave

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased November (Month) 18, (Day) 1876 (Year)

8. AGE: Years 67 | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace X (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name Henry Cave

13. Birthplace X (City, town, or county) Ohio (State or foreign country)

14. Maiden name Moriah Ridgeway

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

16. (a) Informant Mrs. Ella Cave

(b) Address 318 No. Garrison Ave. Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Feb. 3, 1944 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

12-53

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1944 hour 7:15 minute P M.

21. I hereby certify that I attended the deceased from Did Not Attend Living Alive 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Myocardial degeneration

Due to

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify)

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 P. N. Webster Coroner (M. D. or other)

Address Carthage Mo Date Jan 31. '44

44-1-76

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 [signature]

Licensed Embalmer No. 2222

P. O. Address CARTHAGE, MISSOURI

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.