V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2717

State File No.

Registration District No. 170 Primary Registration District No. 5636 Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Phillipsburg Rural (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 1 (Specify whether years, months or days) In this community 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

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

(d) Street No. 53 (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Francis Marion Caffey

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Vida May Caffey

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

7. Birth date of deceased Sept. (Month) 20 (Day) 1862 (Year)

8. AGE: Years 82 Months 2 Days 21 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Francis Caffey

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

14. Maiden name Dalphia Coonce

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

16. (a) Informant Mrs Effie Montgomery

(b) Address Phillipsburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Kissee Cemetery

18. (a) Signature of funeral director W. E. Hoemann

(b) Address Lebanon, Mo.

19. (a) 12-29-44 (Date received local registrar) (b) Grace Pope (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1944 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack — Duration

Due to Circulatory failure + Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 91

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)

(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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature R. O. Palmer (Coroner)

Address Lebanon Mo Date signed 12/14/44

1890

(Licensed Embalmer's Statement on Reverse Side)

Received _____

Laclede County Health Unit

File No. 12-44-169

Date Filed 1/18/45

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon Mo.

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.