

X35927

FILED AUG 19 1946

Primary Registration District No. **5042**

Registrar's No. **47**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Rural Liberty twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **About 5 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry** **5**
(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Exeter, Mo. R#1** **0**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **26**
year **1946** hour **11** minute **45** AM

21. I hereby certify that I attended the deceased from **April 6** 1946, to **June 26** 1946
that I last saw him alive on **June 10** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cancer of Liver**
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: **46. f.**
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) _____
(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 **3**

23. Signature **P. S. McCall** (M. D. or other)
Address **Wheaton Mo** Date signed **7-1-46**

3. (a) PRINT FULL NAME **Martha Adeline Caywood**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Willie R. Caywood** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **January 13 1901**
(Month) (Day) (Year)

8. AGE: Years **45** Months **5** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Frank Owsley** **0**

13. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

14. Maiden name **Francis Bullard**

15. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. R. Caywood**

(b) Address **Exeter, Mo. R#1**

17. (a) **Burial** (b) Date thereof **6/29/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelgreen Cem.**

18. (a) Signature of funeral director **W. R. Caywood**

(b) Address **Wheaton, Mo.**

19. (a) **Aug 6 - 1946** (b) **Grace Williams**
(Date received local registrar) (Registrar's signature)

10

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 846-863

Date Filed AUG 14 1946

[Faint handwritten notes and scribbles, possibly including "10" and "11"]

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 Wm. Morris

Licensed Embalmer No. 3447

P. O. Address W. K. Taylor

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.