

Registration District No. **112**
FED. JAN 15 1948

Primary Registration District No. **4362**

1. PLACE OF DEATH:

(a) County... New Madrid

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... New Madrid **72**

(c) City or town... Morehouse **3**
(If outside city or town limits, write "RURAL")

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

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

If yes, name country..... **0**

3. (a) PRINT FULL NAME... Clarence C. Cavins

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

4. Sex... M O 5. Color or race... W

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

6. (b) Name of husband or wife... Dona Cavins 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... 3 6 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... 12 day... 11
year... 1947 hour... 11 minute... 30 a.m.

21. I hereby certify that I attended the deceased from... 12-10
1947 to... 12-11 1947

that I last saw h. in alive on... 12-11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death... Pneumonia

Duration

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>9</u>	<u>5</u>	br. min.

Due to.....

Due to.....

Other conditions... (Include pregnancy within 3 months of death)

Major findings:
Of operations... 117

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

9. Birthplace... Dale Ind
(City, town, or county) (State or foreign country)

10. Usual occupation... Lumber Mill

11. Industry or business.....

12. Name... William A. Cavins

13. Birthplace... Dale Ind
(City, town, or county) (State or foreign country)

14. Maiden name... Ella Marshall

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

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? no (e) Means of injury.....

23. Signature... John A. Cavins (M. D. or other) **0**

Address... Morehouse Mo Date signed... 12-17-47

16. (a) Informant... John A. Cavins
(b) Address... Granite City, Mo. 2401 Bryson

17. (a) Burial (b) Date thereof... 12/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director... H. W. Albritton
(b) Address... Sikeston, Mo.

19. (a) Jan 9 - 1948 (b) Thomas M. Sheeter Jr.
(Date received local registrar) (Registrar's signature) **777**

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

MOTHER FATHER

District Health Office No. 2,
District File Number 148-67
Date Filed 1-12-48

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 John Allerton
Licensed Embalmer No. 7941
P. O. Address Superior Ave

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.