

No. 300
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 29 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 35633

Registrar's No. 1238

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 1 day
years, months or days

3. (a) PRINT FULL NAME Victor Eugene Caw

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

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased April 2, 1948
(Month) (Day) (Year)

8. AGE: Years 7, Months 7, Days 1
If less than one day hr. min.

9. Birthplace St. Joseph, Mo. child
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name George Caw
13. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Beagley
15. Birthplace Alva, Oklahoma/
(City, town, or county) (State or foreign country)

16. (a) Informant George Caw
(b) Address Elwood, Kansas

17. (a) Burial Ashland cemetery
(Burial, cremation, or removal) (b) Date thereof 11-8-1948
(Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Barry Funeral Home
St. Joseph, Mo.
(b) Address

19. (a) 11-22-48 (b) E. G. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan 977
(c) City or town Elwood
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3
year 1948 hour 11 minute 0 P.M.

21. I hereby certify that I attended the deceased from Nov 3/48, 1948, to Nov 3/48, 1948
that I last saw him alive on Nov 3/48
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition
Due to Microcephalic
Dystrophy
Duration 7 mos.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 15
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) Means of injury

23. Signature A. Ragan Moore M.D.
Address St. Joseph, Mo. Date signed Nov 6, 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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St. Joseph 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.