

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4047
Do not use this space.

1. PLACE OF DEATH
(a) County Sullivan Registration District No. 853
(b) Township Polk Primary Registration District No. 6120 Registered No.
(c) City Milan (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Vesta Ann Cavenee
(a) Residence, No. Milan, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Cavenee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1864
7. AGE YEARS 75 MONTHS 5 DAYS 15 If LESS than 1 day, hrs. min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co., Missouri
FATHER 13. NAME Peter Cassity
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
MOTHER 15. MAIDEN NAME Almeda Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT (ADDRESS) Mrs. Ella Antular Lyons, Milan, Mo.
18. DIGITAL, CREMATION, OR REMOVAL DATE Jan. 14, 1940
19. FUNERAL DIRECTOR (ADDRESS) C. J. Swore Milan, Mo.
20. FILED Feb 5 1940 Clay Hagan Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12 1940
22. HEREBY CERTIFY That I attended deceased from Jan, 1940, to Jan 12, 1940
I last saw her alive on Jan 12, 1940. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Arterio Sclerosis 9/40
Date of onset
Other contributory causes of importance: 940
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Quinon H. Beecher, M.D.
(Signed) Milan, Mo.
(Address)

RECEIVED

District Health Officer No. 10

District File Number 2-40-342

Date Filed FEB 8 1940

STATEMENT BY LICENSED EMBALMER

I, Frank D. Schoene, Licensed Embalmer No. 2016

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Frank D. Schoene

Licensed Embalmer No. 2016

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.)