

JUL 9 1940

Registration District No. 471

Primary Registration District No. 5634

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural, Pierce Township
(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 _____
years, months or days

3. (a) PRINT FULL NAME NOLAN James Caldwell

3. (b) If veteran, name war none 3. (c) Social Security No. 488-16-4773

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 October 17 1914
(Month) (Day) (Year)

8. AGE: Years 25 Months 7 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Truck Driver

11. Industry or business Milk Route

12. Name Holly Caldwell

13. Birthplace Lawrence County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lula Prekerton

15. Birthplace Lawrence County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hugh Caldwell

(b) Address 919 S. Stranford St. Monett Mo.

17. (a) Burial (b) Date thereof 5 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery Lawrence Mo.

18. (a) Signature of funeral director Callaway

(b) Address Monett Mo.

19. (a) 6-6-40 (b) E. B. Waigh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 40 hour 5 minute _____ P. M.

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

Immediate cause of death Cebral Fracture of Skull Broken Neck
Due to (car wreck)

Due to (Driver of car) lost control on gravel Road

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
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) accident
Date of occurrence 5/19/40

(c) Where did injury occur? Lawrence Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Road.

While at work? No. (Specify type of place) (e) Means of injury Car wreck

23. Signature Herman Burridge (M.D. or other) Coroner
Address Aurora Mo. Date signed 5/19/40

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.

1 X181 USE WRITING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office;

County File Number 40-6-34

Date Filed 6-11-40

RECEIVED

District Health Officer No. 5;

District File Number 640-1449

Date Filed JUN 24 1940

June 24, 1940

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.....

J. P. Buchanan

....., Registered Apprentice No.....

working under my personal supervision.

Signed *J. P. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monett, 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, above space should be left blank.