

2
13-40
7-39
X23159

Registration District No. **500**

Primary Registration District No. **4803**

Registrar's No. _____

1. PLACE OF DEATH: **Linn**
 (a) County _____
 (b) City or town **Laclede**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **All** years, months or days **2**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Linn**
 (c) City or town **Laclede Mo**
 (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.

3. (a) PRINT FULL NAME **George Alford Caldwell**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov** day **15**
 year **1940** hour **2** minute **30** A. M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Wife** 6. (c) Age of husband or wife if alive **39** years
Rena Ausmus Caldwell
 7. Birth date of deceased **May 15, 1885**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **emergency call only**, 19**Nov** to **15**, 19**40**
 that I last saw him alive on **Nov 15**, 19**40**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
54 **5** **29** hr. min.

Immediate cause of death **Coronary embolism** **2 hrs**
 Due to **arteriosclerosis**
 Due to **essential hypertension**

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

Other conditions **9413**
 (Include pregnancy within 3 months of death)

10. Usual occupation **Track Foreman**

11. Industry or business _____
 12. Name **John Robert Caldwell**
 13. Birthplace **Bayler Co. Ky.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Columbia Gaugh**
 15. Birthplace **Monroe Co. Missouri**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **JRC Caldwell**
 (b) Address **St Joseph mo**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) **Burial** (b) Date thereof **Nov. 17, 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Laclede Mo.**

(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? **449**

18. (a) Signature of funeral director **M. J. Shaine**
 (b) Address **Laclede, Mo. 2. 2874**

(Specify type of place) _____
 While at work? _____ (b) Means of injury _____

19. (a) **Nov 30 - 40** (b) **Mrs Geo. O. ...**
 (Date received local registrar) (Registrar's signature)

23. Signature **JRC Caldwell** (M. D. or other) **50**
 Address **Laclede, mo** Date signed **11/17/40**

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

REC'D DEC 11 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..... Me

..... W.G. Thorne, Ladlede, Mo. Registered Apprentice No. 2876
.....
working under my personal supervision.

Signed..... W.G. Thorne.....

Licensed Embalmer No. 2876

P. O. Address Ladlede, 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.