FILED MAY 14 1941

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No. 2
-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 701 Primary Registration District No. 4472 Registrar's No. 20

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

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Balmar (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: N. Jefferson St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 70 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town Balmar Mo. (If outside city or town limits, write "RURAL")
(d) Street No. N. Jefferson (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kattie C. Caulk
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William T. Caulk
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased April (Month) 12 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
76	0	14	hr. min.

9. Birthplace Fair Grove (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business House Work
FATHER
12. Name Calvin Stiles
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hunt
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant William T. Caulk
(b) Address Balmar, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director White-Erwin
(b) Address Balmar, Mo.
19. (a) 5/41 (Date received local registrar) (b) 41 J. F. Robert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26, year 1941 hour 6 minute a. M.
21. I hereby certify that I attended the deceased from Apr 1, 1941 to Apr 6, 1941; that I last saw h alive on April 5, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute heart failure	
Due to chronic myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92 D	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature D. C. McCran (M. D. or other)
Address Balmar Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-41-864.
Date Filed 5-13-41

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 Millard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Balwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.