

Registration District No. 547

Primary Registration District No. 3029

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal Mo  
(c) Name of hospital or institution Levering Hospital  
(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 Elias Thorton Caldwell

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

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

6. (b) Name of husband or wife Ida May 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased December 7, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 2 16 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name James S. Caldwell

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

14. Maiden name Martha Ella McGruder

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida J. Caldwell

(b) Address Shelbina

17. (a) Burial (b) Date thereof 2/26/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina

18. (a) Signature of funeral director Grant Smith

(b) Address 902 Broadway, Hannibal

19. (a) Feb 24 1942 (b) Robt W Connor  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby  
(c) City or town Shelbina  
(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 February day 23  
year 1942 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from 2-19  
1942 to 2-23, 1942

that I last saw him alive on 2-23, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Septicemia

Due to \_\_\_\_\_

Due to 330

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(e) Means of injury \_\_\_\_\_

23. Signature Frank W. Connor (M. D. or other) M.D.

Address Shelbina, Mo Date signed 2-23-42

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

434

20

Duration  
14 days  
6 day

**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..... *Crawford Smith* .....

Licensed Embalmer No..... 3814 .....

P. O. Address..... Hannibal Missouri .....

**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.**