

APR 15 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11677

Registration District No. 703

Primary Registration District No. 4424

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Polk  
 (a) County \_\_\_\_\_  
 (b) City or town Humansville Tenn  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 10 years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Polk 84  
 (c) City or town Humansville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME George H. Caldwell  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month mch day 10th  
 year 1942 hour 9 minute P M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 (b) Name of husband or wife Calista Caldwell  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 27 1857  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan  
 \_\_\_\_\_, 1942, to mch 10, 1942  
 that I last saw him alive on mch 10, 1942  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>7</u>	<u>13</u>	hr. _____ min.

Immediate cause of death Coronary Thrombosis  
 Due to Arterio Sclerosis  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) 94a

9. Birthplace Moundsville 1 W. Virginia  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Farmer  
 11. Industry or business \_\_\_\_\_  
 12. Name Joseph Caldwell  
 13. Birthplace Unknown 1 W. Virginia  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown 9 Unknown  
 (City, town, or county) (State or foreign country)

Major findings: Of operations none  
 Of autopsy none  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
 16. (a) Informant G. A. Caldwell  
 (b) Address Emmetsburg Iowa  
 17. (a) Burial (Burial, cremation, or removed) (b) Date thereof Mar. 12, 1942  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Humansville  
 18. (a) Signature of funeral director T. H. Himm  
 (b) Address Humansville Mo.  
 19. (a) Mar 14-42 (Date received local registrar) (b) Ora M. Rich (Registrar's signature)

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 5  
 23. Signature Pascor & Nevin (M. D. or other) M. D.  
 Address Humansville Mo Date signed 3-16-42

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

1188

RECEIVED

District Health Officer No. 7;

District File Number 4-42-405

Date Filed 4-14-42

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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*  
.....  
working under my personal supervision.

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

Signed *Victor O. Kemezis*

Licensed Embalmer No. 3812

P. O. Address Spice City, Ma

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.