

S. No. 2  
M-9.4-41  
Rev. 5-17-39  
X29484

30462

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

143  
OCT. 23 1942

Registration District No. ....

Primary Registration District No. 5360

Registrar's No. 39

46  
00  
0

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

1. PLACE OF DEATH:

(a) County. Howell County, Missouri.

(b) City or town. Willow Springs, Mo. Rural  
(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.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46

(c) City or town. Willow Springs, Mo. Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No.....  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mary Jane Cauldwell

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept., day 20.5  
year 1942 hour 12 minute 30 A.M.

4. Sex Female 5. Color or race W-

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. J.H. Cauldwell.

6. (c) Age of husband or wife if alive. 75 Yrs years

7. Birth date of deceased. June 25th. 1876  
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day

66 2 8 hr. min.

Immediate cause of death. High Bloodpressure.

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

10. Usual occupation. Domestic. (House-Wife)

Due to Arterial Sclerosis

Due to.....

11. Industry or business.....

12. Name John Kling.

13. Birthplace Pennsylvania.  
(City, town, or county) (State or foreign country)

14. Maiden name. Sarah Poltsappe  
(City, town, or county) (State or foreign country)

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

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy..... No.

MOTHER FATHER

16. (a) Informant. Bud Cauldwell.

(b) Address Willow Springs, Mo. Rural

17. (a) R.F.B. (b) Date thereof 9-5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mohican Park

18. (a) Signature of funeral director Burns + Son.

(b) Address.....

19. (a) 9-3-42 (b) Nanette Ferguson  
(Date received local registrar) (Registrar's signature)

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature J.H. Burns sr. Deputy Coroner  
(M.D. or other)

Address Willow Springs, Mo. Date signed 9/20/42

343 (Licensed Embalmer's Statement on Reverse Side)

PE

1942-6027  
1896-5-8  
86-1-9

RECEIVED

District Health Officer No. 5,

District File Number 1042910

Date Filed 10-7-42

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 J.R. Burns

Licensed Embalmer No. 1837

P. O. Address Willow Springs, 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.