S. No. 2
M—9-4-41
v. 5-17-39
I. X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30489

Registration District No. ~~149~~ 154 Primary Registration District No. ~~1002~~ 5575 Registrar's No. ~~[illegible]~~ 43

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Washington Twp.
7934 Jarboe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7934 Jarboe 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------ 0

3. (a) PRINT FULL NAME Mr. David Pollard Caldwell

3. (b) If veteran, name war No

3. (c) Social Security No. 415-16-0987

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Katherine Harrison Caldwell

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased December (Month) 22 (Day) 1888 (Year)

8. AGE: Years 53 Months 9 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation

11. Industry or business Shaw Advertising Company

FATHER
12. Name David P. Caldwell
13. Birthplace Union City (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Maude Bostian
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Katherine Harrison Caldwell
(b) Address 7934 Jarboe

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Sept. 26, 1942 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address K. C. Mo

19. (a) Oct 5-19-42 (Date received local registrar) (b) Dr. Connie G. Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th year 1942 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug 30 1942 to Sept 20 1942 that I last saw him alive on Sept 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion.

Due to Chronic Hypertensive Heart disease

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

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 Chester J. Lee (M. D. or other)
Address 1518 Professional Bldg Date signed 9-25-42

#8

1102 (Licensed Embalmer's Statement on Reverse Side)

1518 Professional Bldg

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 Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address K. C. 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.