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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

[redacted] 40162
State File No.

Registration District No. 38 Primary Registration District No. 3006-51-250 Registrar's No. 247

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gatewards Convalescent Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 2 mos (Specify whether years, months or days) In this community unknown

2. USUAL RESIDENCE OF DEC[redacted]
(a) State Missouri (b) County Boone
(c) City or town Columbia (If outside city or town limits, write "RURAL")
(d) Street No. 107 Ash St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

10 2 4

3. (a) PRINT FULL NAME FANNIE CALDWELL
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Caldwell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 22 - 1868 (Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Calloway Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business unknown
FATHER 12. Name —
13. Birthplace — (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name unknown
15. Birthplace — (City, town, or county) (State or foreign country)
16. (a) Informant Jim Roberts
(b) Address Columbia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Elmer H. Parker
(b) Address Columbia Missouri
19. (a) 12-11-1942 (Date received local registrar) (b) Edna H. Barlow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1942 hour 4 minute 10 P M.
21. I hereby certify that I attended the deceased from Dec 1, 1942, to Dec 8, 1942; that I last saw him alive on Dec 6, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Decompensatio cordis heart	5 days
Due to Chronic Myocarditis	2 mos
Due to Arteriosclerosis	5 yrs
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

93d

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 Arthur Kaufhoudwitt O (M. D. or other)
Address Columbia Mo Date signed 12-11-42

1250 (Licensed Embalmer's Statement on Reverse Side)

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

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 Lucas D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia Ill

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.