

FILED JAN 25 1943

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 324

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Marion City Blue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
10001 Kentucky
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether)

In this community 11 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Marion City Blue
(If outside city or town limits, write "RURAL")

(d) Street No. 10001 Kentucky
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country no.

3. (a) PRINT FULL NAME FRANK HARRY GOULD CALDWELL

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1942 hour 11:30 minute a.m.

21. I hereby certify that I attended the deceased from Dec. 5th
to DEC. 13
that I last saw him alive on DEC. 9th
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Alice F. Caldwell

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Apr. 17, 1871
(Month) (Day) (Year)

Immediate cause of death Myocardial Regurgitation

Due to cardiac asthma
& congestion of lung. R

Due to old.

Other conditions (Include pregnancy within 3 months of death) 92 f

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

71 7 26 hr. min.

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

10. Usual occupation Retired Foreman

11. Industry or business Engineering

12. Name William Caldwell

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Patton

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Alice F. Caldwell

(b) Address 19001 Kentucky

17. (a) Burial (Burial, cremation, or removal) no record

(b) Date thereof 17/10/42
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director George C. Gannon

(b) Address Independence MO

19. (a) 12-15-42 (Date received local registrar)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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? no. (Specify type of place) _____
(e) Means of injury _____

23. Signature Fred A. Hummer (M. D. or other) _____
Address 1311 Audina Ave. Date signed 12-13

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

48
0
0

1165

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

Frank M. Reich

Licensed Embalmer No. *2467*

P. O. Address *Indep. 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.