No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Focht

State File No. 21318

FILED JUL 6 1943

Registration District No. 136

Primary Registration District No. 5463A

Registrar's No. 17

39

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Rural Jackson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route # 1 Strafford, Mo. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 80 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Rural, Jackson Township
(If outside city or town limits, write "RURAL")

(d) Street No.: Route # 1 Strafford, Mo.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Josephine Caldwell

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: James A. Cladwell

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

7. Birth date of deceased: April (Month) 27 (Day) 1863 (Year)

8. AGE: Years 80 Months 1 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace: Greene County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business .....

FATHER
12. Name: Ambrose Fondren /
13. Birthplace: (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name: Nancy Yeary /
15. Birthplace: (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant: Mrs. Gladys Foster
(b) Address: Strafford, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 20, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Danforth

18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) June 19/43 (Date received local registrar) (b) Garland Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1943 hour 12 minute 30 p. M.

21. I hereby certify that I attended the deceased from June 16, 1943 to June 16, 1943 that I last saw him alive on June 16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	5 days
Due to: Chronic Nephritis / Arterial Sclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: R. H. Focht (M.D. or other) MD
Address: Strafford Date signed 6/18/43

1246 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 43-7-75
Date Filed 7/5/43

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.