V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24168

State File No.

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 181

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O Laughlin Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clark 23
(c) City or town Mayland 0
(If outside city or town limits, write "RURAL")
(d) Street No. Gen Del
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Isabell Katherine Caulkin

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James Caulkin

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

7. Birth date of deceased July (Month) 24 (Day) 1889 (Year)

8. AGE: Years 53 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Mayland (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housekeep

11. Industry or business Domestic

FATHER
12. Name Mathew Cooey
13. Birthplace Mayland Caulkin 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Harter
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant James Caulkin
(b) Address Mayland Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Sandman Cemetery

18. (a) Signature of funeral director Henry Fischer
(b) Address Mayland Mo.

19. (a) 7/8/43 (Date received local registrar) (b) Mrs J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1943 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from June 19, 1943, to June 22, 1943; that I last saw her alive on June 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Died suddenly two days following Tyroidectomy

Due to Cardiac failure

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

63d1

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 Geo W. Laughlin (M. D. or other) DO
Address Kirksville Mo. Date signed June 22, 43

1049

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1943

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.....

Licensed Embalmer No. 1407

P. O. Address Kirkwood, 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.