

OCT 19 1943

Registration District No. 239

Primary Registration District No. 5825

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural
(c) Name of hospital or institution: condemned
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 1 year, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural 072
(d) Street No. Risco top 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Gordon Ray Caldwell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Sept 27 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 3 hr. 0 min.

9. Birthplace New Madrid Co. 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business None

12. Name Leon Caldwell

13. Birthplace New Madrid Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Derivation

15. Birthplace St. Francis Ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant Leon Caldwell

(b) Address Portageville Mo.

17. (a) Rural (b) Date thereof Sept 28 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo.

18. (a) Signature of funeral director Fulda

(b) Address

19. (a) Sept 29/43 (b) Mrs S.B. Rademaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1943 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Sept 27 1943 to Sept 27 1943 that I last saw him alive on Sept 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? _____

23. Signature Dr. J. W. Husted (M. D. or other) 0
Address Parma Mo Date signed 7/28/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

10:28

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2

District File Number 10-13-126

Date Filed 10-11-43

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 ^{not}.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville

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.