S. No. 2
I—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42826

Registration District No. 388 — Primary Registration District No. 3039 — Registrar's No. 10

1. PLACE OF DEATH:

(a) County Linn

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Ann~~ Mo (b) County Linn 58

(c) City or town Marceline 2
(If outside city or town limits, write "RURAL")

(d) Street No. E. Walker 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Gladys Beatrice Caswell

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race negro 3

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Vasco Caswell

6. (c) Age of husband or wife if alive 48 years

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

8. AGE:

Years	Months	Days	If less than one day
48	3	6	..... hr. ..... min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name James Hutchinson
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elwysa Walden
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Vasco E. Caswell
(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director James M Laughlin
(b) Address Marceline Mo

19. (a) 12-7-43 (Date received local registrar) (b) P. L. Patrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11/19, 1943, to 11/30, 1943
that I last saw her alive on 11/29, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Military Tuberculosis	
Due to Pulmonary Tuberculosis	
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 H. C. Gruner (M. D. or other) [illegible]
Address Bucklin, Mo. Date signed 12/2/43

1350 (Licensed Embalmer's Statement on Reverse Side)

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 Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marceline 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.