

S. No. 2
M-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43276

State File No. _____
Registrar's No. 402

Registration District No. 274 Primary Registration District No. 3052

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town 415 W. 7th St. Sedalia, Mo.
(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 _____
In this community 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis
(c) City or town Green Ridge
(d) Street No. _____
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA CALDWELL

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, Widowed
6. (b) Name of husband or wife James Caldwell (deceased) 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 13 1873 (Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Sullivan County Ind. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home making

12. Name Cornelius D. Reams

13. Birthplace Sullivan Co. Ind. 1 (City, town, or county) (State or foreign country)

14. Maiden name Paoma J. (Maiden name)

15. Birthplace Sullivan Co. Ind. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Jester Caldwell (b) Address 415 W 7th St. Sedalia, Mo.

17. (a) Burial (b) Date thereof Dec 28, 1943 (c) Place: burial Green Ridge Cemetery

18. (a) Signature of funeral director J. P. Shelly (b) Address Green Ridge, Mo.

19. (a) 12-27-43 (b) Mrs. Emma Berger (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1943 hour 1:35 minute P.M.

21. I hereby certify that I attended the deceased from Sept 20 1943 to Dec 26 1943 that I last saw him alive on Dec 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to Arterio Sclerosis & Chr. Bright's Disease

Other conditions (Include pregnancy within 3 months of death) 131F

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?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. W. Boyer (M. D. or other) Address Sedalia Mo. Date signed 12/27/43

Duration
Physician
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-7-44

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

Glen E. Heck

Licensed Embalmer No.

4063

P. O. Address

Green Ridge, Md.

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.