

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

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 9 1945  
Registration District No. 275

Primary Registration District No. 5942

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County Phelps (Rolla Mo.)  
 (b) City or town Rural, Lecomma Star Rt.  
 (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 Life years, months or days

3. (a) PRINT FULL NAME Jane Elizabeth Cadwallander  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Robert Cadwallander 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 15, 1877  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 10 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Stockton  
 13. Birthplace Mo. (State or foreign country)  
 14. Maiden name Mary Traviss  
 15. Birthplace Mo. (State or foreign country)

16. (a) Informant Mrs. Jack Mitchell

(b) Address Lecomma Star Rt. Rolla Mo.

17. (a) Burial (b) Date thereof 4-14-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Null & Son Funeral  
Rolla, Mo.  
 (b) Address \_\_\_\_\_

19. (a) 4/13/45 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps  
 (c) City or town Rolla, Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Lecomma Star Route  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
 year 1945 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 4-12  
 1945, to 4-13, 1945  
 that I last saw him expired at time of my arrival  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulm. hemorrhage. Duration 10 years.  
Pulmonary tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
Home (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 Means of injury Home

23. Signature E. E. Finner (M. D. or other)

Address Box 534 Rolla Mo. Date signed 4-13-45

11092. (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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**