

FILED MAR 14 1946

State File No. _____

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 66

1. PLACE OF DEATH:
Jackson
 (a) County Kansas City
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
210 North Brookside Blue Twp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Nebraska
 (a) State _____ (b) County _____
 (c) City or town Broken Bow
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARGARET ELIZABETH CADWELL

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Willis Cadwell 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March 29 19 1861
 (Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 17
 If less than one day hr. _____ min. _____

9. Birthplace Morris Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. (a) Name of informant John Holderman

13. Birthplace Unknown Ohio
 (City, town, or county) (State or foreign country)

14. Maiden name Phoebe Patty Lancaster County Penn
 (City, town, or county) (State or foreign country)

16. (a) Informant Willis Cadwell

(b) Address Broken Bow Nebraska

17. (a) Removal Removal (b) Date thereof 2-20-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Broken Bow Nebr.

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence Missouri

19. (a) 2-20-46 (b) James Ross
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
 year 1946 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, at _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 1 week
 Duration

Due to _____

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?

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

23. Signature James Ross (M. D. or other) _____
 Address Independence Missouri Date signed 2/20/46

MOTHER FATHER

MAR 19 1948

APR 18 1948

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 *Raymond N. Martin*

Licensed Embalmer No. *4150*

P. O. Address *Indys Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS.

State of Nebraska }
County of Custer } ss.

State File No. 6018
Local Registrar's No. 66

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15th day of April, 1946 before me appears John W. Cadwell, who, upon his oath, states that the original record of ^{birth} death

for born Feb 20, 1946 in the State of Missouri, and which was filed at Jefferson City, Mo on Mar 14, 1946 should be corrected as follows:

Item No. 7 should read March 19 1861
Instead of April - 3 1861

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant John W. Cadwell Son Relationship.
Broken Bow, Nebraska. Present Address.

Subscribed and sworn to before me this 15th day of April, 1946.

My Commission expires Sept 25, 1950. E Myers Notary Public.

Notarizing containing erasures will not be accepted; draw one line through error and write above it.

APR 18 1948

4018