

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5202

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3040 E. 7th St.,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 3040 E. 7th Street
(if rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Iley Judson Caldwell
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Feb. day 1
 year 1947 hour 3 minute 00 P.M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 1-31 1946 to 2-1 1947
 that I last saw him alive on 2-1 1947
 and that death occurred on the date and hour stated above.

7. Birth date of deceased May 1, 1883
(Month) (Day) (Year)
 8. **AGE:** Years 63 Months 9 Days _____ If less than one day
hr. min.

Immediate cause of death Gastric Hemorrhage
 Due to an acq. gastric ulcer from history
 Due to _____

9. Birthplace Dodson Louisiana
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Druggist

Other conditions 116
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____
 12. Name R. W. Caldwell
 13. Birthplace Louisiana
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Carroll
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Emma Caldwell
 (b) Address 3040 E. 7th St., Joplin, Mo.
 17. (a) Burial (b) Date thereof 2-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ozark Memorial Parker-Hunsaker
 18. (a) Signature of funeral director _____
 (b) Address 1502 Joplin, Joplin, Mo.
 19. (a) 2-4-47 (b) Ed. A. Jarman
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (c) 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 Ed. A. Jarman (M. D. or other) _____
 Address Joplin, Mo. Date signed 2-4-47

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

47-2-129

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.