

No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37321**
Registration District No. **53** Primary Registration District No. **3010** Registrar's No. **350**

1. PLACE OF DEATH
(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(c) Name of hospital or institution **Southeast Mo Hospital**
(d) Length of stay: In hospital or institution **three weeks**
In this community **Entire Life**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Cape Gir 16**
(c) City or town **Rural**
(d) Street No. **3 miles N East Jackson**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **MOLLIE E. CALDWELL**
3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **11** day **9** year **1947** hour **1** minute **20 A.M.**
21. I hereby certify that I attended the deceased from **1942** to **Nov 11 1947**
that I last saw **her** alive on **Nov 10** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Albert A. Caldwell** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **May 11, 1885**

Immediate cause of death **Carcinoma Liver**
Due to **Chronic Cholecystitis**

8. AGE: Years **62** Months **5** Days **28**

9. Birthplace **Near Jackson Mo**

10. Usual occupation **Housekeeper**

11. Industry or business
12. Name **John M. Smith**
13. Birthplace **Near Jackson Mo**
14. Maiden name **Dixie Dickerson**
15. Birthplace **Near Jackson Mo**

16. (a) Informant **J. R. Caldwell**
(b) Address **Jackson Mo Route 3**

17. (a) **Burial** (b) Date thereof **Nov 11, 1947**
(c) Place: burial or cremation **Pleasant Hill**

18. (a) Signature of funeral director **J. Miller**
(b) Address **Jackson**
19. (a) **11-14-47** (b) **G. C. Semmes**

Other conditions...
Major findings: **HCF**
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(e) Means of injury _____
Signature **D. L. Robinson** Date signed **11-14-47**

RECEIVED

District Health Officer No. 4
District File Number 1147-1448
Date Filed 11-17-42

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... L. C. Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.