

No. 2
-1/47
5-17-39

38627

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 9 1947
Registration District No. 156

Primary Registration District No. 200

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: Freeman
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether)

In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2014 Connor 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME Dell Croddy

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married divorced W. /

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

7. Birth date of deceased: November 27, 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1947 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from 44 Oct 19 47
1947 to Oct 19 1947
that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.

Duration

8. AGE:

Years	Months	Days	If less than one day
59	10	20	hr. min.

9. Birthplace: Ianagan, Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation: own home

Immediate cause of death:
Myocardial infarction
acute myocardial infarction
Due to chronic coronary artery disease
Due to atherosclerosis
Other conditions: aortic
(Include pregnancy within 3 months of death)

11. Industry or business.....

12. Name Harper Caldwell

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

14. Maiden name: Mary Kelly

15. Birthplace: Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant: B. L. Caldwell
(b) Address: Anderson, Missouri

17. (a) Removal (b) Date thereof: 10-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hill Crest Cemetery, Parker-Hunsaker Galleria

18. (a) Signature of funeral director: Joplin, Missouri
(b) Address: Joplin, Missouri

19. (a) 10-18-47 (b) Below Campbell, OR.
(Date received local registrar) (Registrar's signature)

Major findings: Gall Bladder
ulcers removed
Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? no

(e) Means of injury.....

23. Signature: [Signature] (M. D. or other)
Address: [Address] Date signed: [Date]

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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

Steve Parker

.....
Licensed Embalmer No. *2548*

P. O. Address *Wolfeboro*

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.