

APR 20 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11975

Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski  
(b) Township Union  
(c) City Union

Registration District No. 58 711  
Primary Registration District No. 585940

Registered No. 38

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 434 John Rainey Caldwell St. Union Mo  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mertie Caldwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-2-1858

7. AGE YEARS 80 MONTHS 9 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Mail Carrier  
10. Date deceased last worked at this occupation (month and year) June 1938 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John Caldwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Malinda Hensley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs John Caldwell  
Union Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE Apr 16 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred W. Gilbert  
Union Mo

20. FILED 4/15, 19 39 A. S. Lick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/14, 1939, to 4/14, 1939

I last saw him alive on 4/14, 1939. Death is said

to have occurred on the date stated above, at 3 Pm.

The principal cause of death and related causes of importance were as follows:

Mitral Dilatation Date of onset

Other contributory causes of importance Age & Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Crider, M. D.

(Address) Union Mo

**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. 14-1939, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2341

P. O. Address Dixon 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, above space should be left blank.**