

DEC'D OCT 13 1939
Registration District No. 255Primary Registration District No. 5357

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Daviess
 (b) City or town (Rural) Jefferson, Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
XXX
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

8. (a) PRINT FULL NAME John Sanders Caldwell 434
 8. (b) If veteran, name war No
 8. (c) Social Security No. NO

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Almira Caldwell
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Sept. 4 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 0 26 hr. min.

9. Birthplace Daviess Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name William Caldwell
 13. Birthplace Unknown Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Catherine Minor
 15. Birthplace Unknown Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Glyde Caldwell
 (b) Address Winston, Mo

17. (a) Burial (b) Date thereof 10 3 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Altamont, Mo. Mt. Zion

18. (a) Signature of funeral director Hope Furr, Eldred, Mo.
 (b) Address Gallatin, Mo.

19. (a) OCT 3 1939 (b) F. W. Dawson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
 (c) City or town Rural - Jefferson Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
 year 1939 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sep. 20 - 39
19, to Sep. 30, 1939;
 that I last saw him alive on Sept. 30, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 2 hrs

Due to Chronic Myocarditis 10 years

Due to _____

Other conditions abdominal aortic aneurysm
 (Include pregnancy within 3 months of death)
general aortic

Major findings:
 Of operations _____
 Of autopsy _____
930

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 M. A. Smith (M. D. or other)
 Address Gallatin, Mo Date signed 10/3/39

RECEIVED
District Health Officer No. 11,
District File No. 1039-1276
Date Filed OCT-11 1939

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. O. Gichesson*
Licensed Embalmer No. *3302*
P. O. Address *Gallatin, Me*

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.