

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 15 1940

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

Bishop
44280
 Do not use this space.

JAN 15 1940

1. PLACE OF DEATH
 (a) County Pettis Registration District No. 668
 (b) Township Primary Registration District No. 3092
 (c) City Sedalia (d) Street No. 1305 So. Grand St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Hollie Oston Caldwell
 (a) Residence, No. 1305 So. Grand St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Etta Caldwell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1887
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 0 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 FATHER 13. NAME William Caldwell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Georgia Wormington
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Mrs. Etta Caldwell (ADDRESS) Sedalia, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mem/ Park DATE Dec. 6, 1939
 19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home (ADDRESS) Sedalia, Mo.
 20. FILED 12-6- 19. 39 Mrs. Harry Sneed 9 (Address) Sedalia
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1939 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1939 to Dec 4 1939
 I last saw him alive on Dec 4 1939 at 8:10 m. Death is said to have occurred on the date stated above, at 8:10 m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach
 Date of onset
 Other contributory causes of importance:
 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? no
 If so, specify
 (Signed) M. J. Bishop, M. D. (Address) Sedalia

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11/2/40

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. E. Boulton
Licensed Embalmer No. 3867
P. O. Address Seabrook, Md.

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.