DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2723

Registration District No. 416 Primary Registration District No. 14248 Registrar's No. 82

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Sarcoxie (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Resident

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Sarcoxie (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.

3. (a) PRINT FULL NAME Weltha Anna Caldwell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Albert A. Caldwell

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

7. Birth date of deceased November 21, 1848 (Month) (Day) (Year)

8. AGE: Years 91 Months 1 Days 19 If less than one day hr. min.

9. Birthplace Near Winona Minnesota (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name O Joy
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature X Belle Morris

(b) Address Sarcoxie, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/12/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Dudman Cemetery

18. (a) Signature of funeral director Glen C. Cole

(b) Address Sarcoxie, Missouri

19. (a) Jan 12 1940. (Date received local registrar) (b) Mrs Lenna Broadway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10, 1940 year 1940 hour 3:30AM minute M.

21. I hereby certify that I attended the deceased from , dead to , 19 ; that I last saw her alive on January 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy View

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. H. Winchester, Coroner (M. D. or other)

Address Joplin, Mo. Date signed Jan 11, 1940

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 6.
District File Number 2410-396
Date Filed FEB 12 1940

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

Glen C. Cale, Registered Apprentice No.

working under my personal supervision.

Signed Glen C. Cale

Licensed Embalmer No. 3708

P. O. Address Sarcoxie, Missouri

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.