

FILED APR 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10049

Registration District No. 23

Primary Registration District No. 5732a

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Audrain
 (b) City or town Benton City
(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
 In this community, Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Audrain
 (c) City or town Benton City (rural)
(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 Mary Elizabeth Caldwell U314
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Frank C. Caldwell 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased Mar. 19, 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>11</u>	<u>17</u>	_____ hr. _____ min.

9. Birthplace Benton City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER {
 12. Name C. W. Erisman
 18. Birthplace Benton City, Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Jennia Stauffer
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Caldwell
 (b) Address Benton City, Mo.

17. (a) Burial (b) Date thereof 3/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Benton City, Mo.

18. (a) Signature of funeral director W. H. Hutcherson
 (b) Address Mexico, Missouri

19. (a) 3-9-40 (b) W. H. Hutcherson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
 year 1940 hour Eight minutes — A. M.
 21. I hereby certify that I attended the deceased from April 27
1939, 19 _____, to March 6, 19 40
 that I last saw her alive on March 4, 19 40
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia
 Due to tuberculosis
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 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 W. H. Hutcherson (M. D. or other) 120
 Address 111 E. Monroe, Mexico Date signed 3-9-40

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

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.

FORM 1-1-35-30 I 118511

RECEIVED

District Health Officer No. 10

District File Number 4-40-957

Date Filed APR 9 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wm. J. Anderson Jr.*

Licensed Embalmer No. 3569

P. O. Address Mexico

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.