

FILED JUL 15 1940

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

22656
Do not use this space.

1. PLACE OF DEATH

(a) County Ripley Registration District No. 750
(b) Township 24 Primary Registration District No. 5985
(c) City or Rural (d) Street No. _____ 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 CLARA LUCINDA CALDWELL

(a) Residence, No. Ripley County 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 Female 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 Earnest Caldwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 7 29

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

12. BIRTHPLACE (CITY OR TOWN) Doniphan, Mo. (STATE OR COUNTRY) Mo.

13. NAME Barnett Edmonds

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

15. MAIDEN NAME Emma Simons

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

17. INFORMANT Earnest Caldwell (ADDRESS) Doniphan, Mo. R-2

18. BURIAL, CREMATION, OR REMOVAL PLACE Elizabeth Cem. DATE 6-28-40

19. FUNERAL DIRECTOR (NAME) F.E. Jordan (ADDRESS) Doniphan, Mo.

20. FILED June 27 1940 C. B. Johnston Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 26 19 40

22. I HEREBY CERTIFY That I attended deceased from December 2 19 39 to June 26 19 40

I last saw h. or alive on June 15 19 40. Death is said to have occurred on the date stated above, at 3: P.m.
The principal cause of death and related causes of importance were as follows:

Cancer of uterus

Date of onset

Other contributory causes of importance:

Name of operation Radium Inst. of Gultow 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) J. E. Williams, M. D.
(Address) Doniphan, Mo

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.

JUN 3 1947

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.....

John H. Hall, Registered Apprentice No. *260*
working under my personal supervision.

Signed.....

J. H. Jordan
Licensed Embalmer No. *3200*

P. O. Address *Dorchester*

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.