

Registration District No. 716

Primary Registration District No. 5905

Registrar's No. 15

1. PLACE OF DEATH:

- (a) County Pulaski
(b) City or town Crocker (Rural) Tavern
(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 _____
years, months or days

3. (a) PRINT FULL NAME Henry Franklin Cadwell 34

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Cornelia Jane Cadwell 6. (c) Age of husband or wife if alive 60 years7. Birth date of deceased March 6, 1870
(Month) (Day) (Year)8. AGE: Years 70 Months 5 Days 23 If less than one day _____ hr. _____ min.9. Birthplace Filmore, Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Harry Cadwell
18. Birthplace New Jersey
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Jane Stokes
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Cornelia Cadwell
(b) Address Crocker, Mo.17. (a) Burial (b) Date thereof Aug. 31, '40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Crocker Cemetery18. (a) Signature of funeral director J. L. Hoops & Sons(b) Address Crocker, Mo.19. (a) 9/5/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski(c) City or town Crocker, 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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29
year 1940 hour 2 minute 15 P. M.21. I hereby certify that I attended the deceased from Apr. 9, 1939, to Aug. 28, 1940,
that I last saw him alive on Aug. 28, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death

AmiplegiaDue to Cardio-vascularrenal disease 121 3 yrs

Due to _____

Other conditions Bronchitis, Chronic
(Include pregnancy within 8 months of death)

Major findings:

Of operations noneOf autopsy none

Duration

5 days

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) C(b) Date of occurrence 8(c) Where did injury occur? 8
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
643 a(Specify type of place)
While at work? 0 (a) Means of injury28. Signature C. M. Walth (M. D. or other) 1Address Crocker, Mo. Date signed Sept. 7, 1940

RECEIVED

District Health Officer No. 5,

District File Number 9401923

Date Filed _____

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

Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Groceries, Mo.

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.