

3-40
-39
K23159

Registration District No. 963

Primary Registration District No. 5692

Registrar's No. 215

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

1. PLACE OF DEATH

(a) County McDonald

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 50 years
years, months or days 2

3. (a) PRINT FULL NAME Colin Caldwell

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Laura Caldwell

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 27, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Harpie Caldwell

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Frankie May

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Caldwell

(b) Address Moel Mo

17. (a) Burial (b) Date thereof 11-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moel Mo

18. (a) Signature of funeral director Chas. Williams

(b) Address Goodman Mo

19. (a) 11-16-1940 (b) J. C. Alexander
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County McDonald

City or town Moel
(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 Nov day 9
year 1940 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from Oct 1, 1940, to Nov-9, 1940
that I last saw him alive on Nov 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver
with Secondary Cirrhosis

Due to Chronic Myocarditis

Other conditions Chronic Myocarditis
(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? 465
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature R. B. Kermack (M. D. or other) 1

Address Southwest City, Mo Date signed 11-14-40

RECEIVED

District Health Officer No. 6

District File Number 1149-2912

Date Filed DEC 2 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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.