

43287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 598

Primary Registration District No. 5355

Registrar's No. 72

1. PLACE OF DEATH:

(a) County MORGAN  
(b) City or town MOREAU  
(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 Lifetime  
years, months or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN  
(c) City or town Rural Moreau town  
(If outside city or town limits, write "RURAL")  
(d) Street No. Osage Township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Wm Minor 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 Josie B. Quinby 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased you 26 - 1857  
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Richard Caldwell

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

14. Maiden name Sibelt Blonck

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

16. (a) Informant's own signature A. M. Newell  
(b) Address Versailles, Mo

17. (a) Burial (b) Date thereof July 6-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Ch Cem.

18. (a) Signature of funeral director W. F. Kidwell  
(b) Address Versailles, Mo

19. (a) 1-10-91 (b) Will R. Berry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month July day 4th  
year 1940 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 25 1940 to July 2nd 1940

that I last saw her alive on July 2nd 1940 and that death occurred on the date and hour stated above.

Immediate cause of death uraemia

Due to Presenile Hyertrophy

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 127

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 840

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. G. Gunn (M. D. certifier)  
Address Versailles Mo Date signed 7/5/40

Duration 4 days

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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.

RECEIVED

District Health Officer No. 7,

District File Number 1-41-92-

Date Filed 1-13-41

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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 with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**