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FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1831

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Bartlett Bldg., 802 Frederick Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 7 (If outside city or town limits, write "RURAL")

(d) Street No. 1305 Buchanan Avenue 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Emma Caldwell

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife George A.

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June (Month) 2 (Day) 1863 (Year)

8. AGE: Years 77 Months 7 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace Wathena (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Herman Eimers
13. Birthplace New Orleans (City, town, or county) Louisiana 1 (State or foreign country)

MOTHER
14. Maiden name Liza Neiman
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Ida A. Caldwell

(b) Address 1305 Buchanan Ave., St. Joseph Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery St. Joseph, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Jan 16 1941 (Date received local registrar) (b) H J Nestlehurst (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 1941 hour 8 minute 45 p. M.

21. I hereby certify that I ~~attended~~ viewed the deceased from on Jan 14, 1941, to ___, 19___; that I last saw her ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to ___

Due to ___ 83 W

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ___
Of autopsy no

Duration

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? 85 (Specify type of place) 3

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

23. Signature H F Mundy (M. D. ~~or other~~) Coroner

Address 2801 Sacramento, St. Joseph Date signed 1-14-41

(Licensed Embalmer's Statement on Reverse Side)

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 Oby Jester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri.

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

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