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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 89

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37904

Primary Registration District No. 5131

Registrar's No. 468

1. PLACE OF DEATH:

(a) County Butler

(b) City or town ~~Fisk—Route #1~~ RURAL (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: About 100 yds from home (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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Fisk, Mo. Route #1 (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Walter Franklin Caudel

3. (b) If veteran, name war World War

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ella Caudel

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct 4 (Month) 1890 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	2	3	....hr. ....min.

9. Birthplace Holcomb (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business Farm

FATHER 12. Name Wm. Harkey Caudel

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Mrs. Ella Caudel

(b) Address Fisk, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-10 (Month) (Day) (Year)

(c) Place: burial or cremation Sumach Cemetery

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Mo.

19. (a) 12-8-41 (Date received local registrar) (b) Beece Turner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7 year 1941 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wounds, through head entering between left eye and top of left ear passing through brain. (Duration)

Due to Accidental discharge of gun.

Due to Climbing over fence.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none necessary

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

184
31
0

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 0121

(b) Date of occurrence December 7, 1941

(c) Where did injury occur? rural (City or town) Butler (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Near home on farm (Specify type of place) 3

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

23. Signature Alfred McGuire Coroner (M. D. or other)

Address Poplar Bluff Mo Date signed 12-8-41

92 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1241-1709
Date Filed 12-15-41

DEC 19 1941

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address.....

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

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