

No. 2
1-4-41
17-39
X26380

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39653**

DEC 17 1941 827

Registration District No. _____

Primary Registration District No. **4500**

Registrar's No. **24**

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

1. PLACE OF DEATH:

(a) County **Shelby**

(b) City or town **Clarence, MO**
(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 _____
In this community **All his life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Shelby**

(c) City or town **Clarence**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William H. Caldwell**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **13** year **1941** hour **5** minute **0** M.

21. I hereby certify that I attended the deceased from **Nov. 7** 1941 to **Nov. 13** 1941, that I last saw him alive on **Nov. 13** 1941 and that death occurred on the date and hour stated above.

4. **Female** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **2**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov 13 1859**
(Month) (Day) (Year)

Immediate cause of death **Apoplexy**

Due to **Hypertension**

Due to _____

8. AGE: Years Months Days If less than one day

82 6 28 hr. min.

Other conditions (Include pregnancy within 3 months of death) **430**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Nurse**

11. Industry or business _____

12. Name **Hamilton Birmingham**

13. Birthplace **K.Y.** (City, town, or county) (State or foreign country)

14. Maiden name **Ethel Maddox**

15. Birthplace **K.Y.** (City, town, or county) (State or foreign country)

16. (a) Informant **Opal Donaldson**

(b) Address **Clarence Mo**

17. (a) **Burial** (b) Date thereof **Nov-15-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Myron S. Hopper**

18. (a) Signature of funeral director **S. Hopper**

(b) Address **Clarence**

19. (a) **Dec 9-1941** (b) **Ray Hamilton**
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **Frank K. Roy** (M. D. or other) _____

Address **Clarence** Date signed **4/20/41**

751 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 12-41-2184

Date Filed DEC 15 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.....

H. H. Embalmer

....., Registered Apprentice No.....

working under my personal supervision.

Signed E. G. Napper

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, fact should be so stated above.