

JAN 10 1942 608
Registration District No. 608

Primary Registration District No. 5807

State File No. _____

Registrar's No. 58

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town STELLA Franklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CARDWELL Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 93
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. GRANDY Mo. RFD #2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 18th
year 1941 hour 9:45 minute a. M.
21. I hereby certify that I attended the deceased from Dec. 16, 1941 to Dec. 18, 1941
that I last saw him alive on Dec. 18, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death peritonitis
Due to ruptured appendix

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 12/11
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?
_____ (Specify type of place) _____ (e) Means of injury _____

23. Signature J. P. Thompson (M. D. or other) _____
Address Stella Mo Date signed 1/14/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME WALTER JOHNATHAN CAYWOOD
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE s. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife STELLA CAYWOOD 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased MAY 24 1892 (Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace MCDONALD Co. MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name OSCAR CAYWOOD
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name MARTHA S. PEARSON
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Walter C. Caywood
(b) Address Glains Kansas
17. (a) Burial (b) Date thereof 12-20-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Newtonia Mo

18. (a) Signature of funeral director Walter Thompson
(b) Address Newtonia Mo
19. (a) Dec 19-41 (Date received local registrar) (b) Ada Collins (Registrar's signature)

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

MOTHER FATHER

3
0
0

RECEIVED

District Health Officer No. 6,

District File Number 142-37

Date Filed JAN 6 1942

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 Andrew Forbis

Licensed Embalmer No. 3649

P. O. Address Washo, Mo.

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.