No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5918

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 195

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 414 Scott Str
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ELMER HENRY CALDWELL

3. (b) If veteran, name war

3. (c) Social Security No. 500-09-6247

4. Sex Male

5. Color or race Negro

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of ~~husband or wife~~ Katie Caldwell

6. (c) Age of ~~husband or wife~~ if alive 53 years

7. Birth date of deceased ? (Month) ? (Day) 1879 (Year)

8. AGE: Years 63 | Months ? | Days ? | If less than one day ___ hr. ___ min.

9. Birthplace Springfield (City, town, or county) Mo U (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Dont Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Katie Caldwell
(b) Address 414 Scott

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Graves Funeral Home
(b) Address 806 S. 17th Str

19. (a) Feb. 25, 1942 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1942 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from 2-18- 1942, to 2/23 1942
that I last saw him alive on 2/23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease hypertensive
Due to Myocardial insufficiency, cong. type
Due to Enlargement of heart
Hypertension
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

23. Signature Avey W D Craig (M. D. or other) M.D
Address St Joseph Mo Date signed 2-24-42

(Licensed Embalmer's Statement on Reverse Side)

APR 13 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 Hogan & White

Licensed Embalmer No. 2659

P. O. Address 806 S 17th St.

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

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