

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 20 1942

Registration District No. _____

Primary Registration District No. 3006-5-118

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Daguerre
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: University Hospital(s)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 110 Sanford Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Caldwell, Infant Boy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race w 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 16 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Caldwell, Kenneth Carl
13. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Dapp, Mary Helen
15. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Caldwell, Kenneth, Father
(b) Address 110 Sanford Ave.

17. (a) Burial (b) Date thereof 4-18-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. O. Millett

(b) Address Columbia

19. (a) 4-20-42 (b) Edna H Barbo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1942 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Apr-16, 1942 to Apr 17, 1942
that I last saw him alive on Apr-17-, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth
2 to 3 months

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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?

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

23. Signature J. C. Suggitt (M. D. or other) M.D.
Address Columbia Date signed 4-18-42

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

1300007

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.

Has not been embalmed
Signed.....

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.