V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27732

State File No.

Registration District No. 229 Primary Registration District No. 5825 Registrar's No. 4356

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural (Risco)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Tomo township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution at Mothers home (Specify whether)

In this community Life near Badesville
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. Near Portageville
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Rita Fay Caldwell

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

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 alive years

7. Birth date of deceased Aug (Month) 31 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 9 hr. min.

9. Birthplace New Madrid Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Leon Caldwell
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Rachel Davidson
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Leon Caldwell

(b) Address Portageville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo.

18. (a) Signature of funeral director Funds

(b) Address

19. (a) Aug 31/42 (Date received local registrar) (b) Mrs. S. B. Rademaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1942 hour 11 minute A M.

21. I hereby certify that I attended the deceased from 8-31-42, 19 to 8-31, 1942 that I last saw her alive on 8-31-, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to Premature labor

Due to

Other conditions (Include pregnancy within 3 months of death) 159

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 Geo W Hunter (M. D. or other)

Address Parma Mo. Date signed 8/31/42

10297

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Noel C. Shaw

Licensed Embalmer No. 3941

P. O. Address Portageville 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.