

S. No. 2  
M-5-42  
7. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42189**

FILED JAN - 6 1942

Primary Registration District No. **4496**

Registrar's No. **111**

10000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby

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

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

(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME EUGENE M. CADWELL

3. (b) If veteran, name war..... ✓

3. (c) Social Security No..... ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov., day 30, year 1942 hour 5 P.M. minute 30 P.M.

I hereby certify that I attended the deceased from Nov. 30 1942 to Nov. 30 1942 what I last saw him alive on Nov. 30 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gladie Cadwell 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: May 7 1877  
(Month) (Day) (Year)

Immediate cause of death: Cerebral hemorrhage (apoplexy) embolism

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) g3a

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

65 6 23 hr. ✓ min.

9. Birthplace Shelby Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Abstract by Loan Co.

Major findings: None

Of operations.....

Of autopsy None

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name Wm Cadwell

13. Birthplace Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Elozabeth Zimley

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladie Cadwell

(b) Address Shelbyville, Mo.

17. (a) Burial (b) Date thereof Dec-2-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director E.P. Thompson

(b) Address Shelbyville, Mo.

19. (a) Dec 8 42 (b) Madge Wood  
(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.....

23. Signature E.P. Thompson (M. D. or other) 2/42

Address Shelbyville Date signed.....

RECEIVED

District Health Officer No. 10

District File Number 1-43-4144

Date Filed Jan 5-1943

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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 E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.