

3. No. 2
-9441
5-17-39

3671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 4 1943 325

Registration District No. _____

Primary Registration District No. 4480

Registrar's No. 42

1. PLACE OF DEATH:
 (a) County Schuyler
 (b) City or town Greentop
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Schuyler
 (c) City or town Greentop
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Theodocia Caldwell

3. (b) If veteran, name war _____
 3. (c) Social Security No. None

4. Sex F
 5. Color or race W

6. (a) Single, widowed, married, divorced, Widowed
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 9 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 10
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Coffey
 13. Birthplace Schuyler Co, Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Whiteside
 15. Birthplace Kv.
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Shinn
 (b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 12-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Coffey-Cemetery

18. (a) Signature of funeral director [Signature]
 (b) Address Kirksville, Mo.

19. (a) Jan. 6, 1943 (b) A.D. Justice
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
 year 1942 hour 4:00 minute _____ P. A.M.

21. I hereby certify that I attended the deceased from 12-14
 _____, 1942 to 12-19, 1942

that I last saw h. alive on 12-19, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
apoplexy

Due to _____
 Due to _____

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?

While at work? _____ (Specify type of place)
 (a) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address Greentop, Mo. Date signed 12-20-42

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

MOTHER FATHER

1278

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 2-42-177

Date Filed FEB 3 1943

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 D. E. Baker

Licensed Embalmer No. 4181

P. O. Address Winstville 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.