

S. No. 2
M-2-43
5-17-39
1 X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13687
State File No.
Registrar's No. 477

FILED MAY 13 1943
Registration District No. 1000

Primary Registration District No. 1000

Registrar's No. 477

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution:
1924 Jones St.
(d) Length of stay: In hospital or institution 41 Years
In this community 41 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(d) Street No. 1924 Jones St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mary Francis Caldwell
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Caldwell
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March 7 1872

8. AGE: Years 71 Months 1 Days 10
If less than one day hr. min.

9. Birthplace Estel Co. Ky
10. Usual occupation Housewife

MOTHER FATHER {
12. Name James Wm Embs
13. Birthplace Estel Co. Ky
14. Maiden name Armilda J Cummings
15. Birthplace Estel Co. Ky
16. (a) Informant George Caldwell
(b) Address 1924 Jones St., St Joseph, Mo.

17. (a) Burial (b) Date thereof 4-20-43
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address 1946 Colhoun St., St Joseph, Mo.
19. (a) 4-20-43 (b) Rose Helzer

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 17th
year 1943 hour 2 minute 25 P.M.
21. I hereby certify that I attended the deceased from Dec. 15, 1942 to Apl. 17, 1943
that I last saw her alive on April 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency
Duration 5yrs
Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy

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?
(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.R. Elliott (M. D. or other) M.D.
Address 801 1/2 Francis St., Joseph Date signed 4-20-1943

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

1233

(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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Robert H. Gable
Licensed Embalmer No. 3308
P. O. Address St Joseph 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.