

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17932**

JUN 14 1943

Registration District No. **192**Primary Registration District No. **3021**Registrar's No. **77**

1. PLACE OF DEATH:

(a) County Grundy
 (b) City or town Fenton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Cullers Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community All her life years, months or days)

3. (a) PRINT FULL NAME Mettie Pearl Cadwallader3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex female / race white / 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Sam Cadwallader 6. (c) Age of husband or wife if
 alive 77 years
 7. Birth date of deceased June 7 1892
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>11</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)10. Usual occupation housewife11. Industry or business None12. Name Charles Hartley13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)14. Maiden name Mary Jones15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)16. (a) Informant Sam Cadwallader(b) Address Merced Mo17. (a) Burial (b) Date thereof May 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Middlepoint18. (a) Signature of funeral director Noel Mass(b) Address Princeton Mo19. (a) 5-29-43 (b) L. J. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Merced
 (c) City or town Princeton
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1943 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from May 23 43
to May 26 1943
that I last saw him on alive on May 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic interstitial
nephritis + myocard
 Due to it Duration 3
7m

Other conditions (Include pregnancy within 3 months of death) 131a

Major findings: Of operations _____

Of autopsy _____

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. J. Roberts (M. D. or other)Address Princeton Mo Date signed 5/29/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1330

(Licensed Embalmer's Statement on Reverse Side)

APR 16 1946

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 me

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

Signed

Ed Moss

Licensed Embalmer No.

2634

P. O. Address

Funeral Home

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.