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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25203

State File No.....

FILED AUG 11 1943  
Registration District No. 55

Primary Registration District No. 5580

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Franklin

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

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

(d) Length of stay: In hospital or institution 24 yrs (Specify whether years, months or days)

In this community 24 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. R # 1 (If rural, give location)

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

3. (a) PRINT FULL NAME Joseph A. Cauds

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex Male Color of hair White

5. Color of eyes Blue

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

6. (b) Name of husband or wife Louise Cauds

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan 26 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 16  
If less than one day hr. min.

9. Birthplace Carrollton, Mo (City, town, or county)  
Italy (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Vincent Cauds

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

14. Maiden name Louise Chelussatte

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

16. (a) Informant Vincent Cauds

(b) Address Waco, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Bank Memorial

18. (a) Signature of funeral director Walter C. Lindell

(b) Address Waco, Mo

19. (a) July 14 1943 (Date received local registrar) (b) Mrs. Lillie Eagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1943 hour 6:30 minute 0 M.

21. I hereby certify that I attended the deceased from July 9, 1943, to July 12, 1943  
that I last saw him alive on July 12, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to.....

Due to.....

Other conditions Arterio Sclerosis  
(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) (e) Means of injury Stroke

23. Signature Walter C. Lindell (M. D. or other) DO  
Address Waco, Mo Date signed 7/14/43

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

MOTHER FATHER

43-7-619

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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

*W. K. Mills*

Licensed Embalmer No. *347*

P. O. Address *West City, 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.