

31573

State File No. ....

Registrar's No. 32

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

SEP 17 1943

Registration District No. 104

Primary Registration District No. 5418

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution Home "Cotton Hill" Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Madison "Rural"  
(If outside city or town limits, write "RURAL.")

(d) Street No. Cotton Hill Hosp  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME Donald J. McCauley

3. (b) If veteran. None name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1943 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from Aug 19 1943 to Aug 22 1943 that I last saw him alive on Aug 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Colitis

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced None

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased July - 27 - 1943  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>25</u>	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0.

10. Usual occupation B.A.B.Y

11. Industry or business None

MOTHER FATHER { 12. Name James McCauley

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

14. Maiden name None

15. Birthplace Arkansas STACY ARK (City, town, or county) (State or foreign country)

16. (a) Informant James McCauley

(b) Address Madison Mo

17. (a) Burial (b) Date thereof Aug 26 - 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kenneth Friends

18. (a) Signature of funeral director Friends

(b) Address Campbell + 6th

19. (a) 9-2-43 (b) McElroy  
(Date received local registrar) (Registrar's signature)

Due to Heart

Due to None

Other conditions (Include pregnancy within 3 months of death) None

Major findings: None

Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place) (e) Means of injury None

23. Signature James McCauley (a) or (b) or other None

Address Madison Date signed Aug 22 1943

Physician H. E. ...

Underline the cause to which death should be charged statistically.

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

205

RECEIVED

District Health Office No. 2,

District File Number 943-1148

Date Filed 9-13-43

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.