

NOV 6 1943
Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 321

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community ---- (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Bloomfield, Rural
(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 _____

3. (a) PRINT FULL NAME WILLIAM E. CALDWELL

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Malinda Caldwell 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased Nov. 4, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 15 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Geo. A. Caldwell
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Williams
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Healy
(b) Address Norris City, Ill.

17. (a) Burial (b) Date thereof Oct. 21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove cem.

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

19. (a) 10-25-43 (b) Belle Henne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th
year 1943 hour 5:05 minute A. M.

21. I hereby certify that I attended the deceased from 10-10 1943 to 10-19 1943
that I last saw him alive on 10-19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to arteriosclerosis

Due to _____

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings:
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 _____
(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 The Registrar (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed _____

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

332

103

11

1

1943

1943

1943

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 143-1390

Date Filed 11-3-43

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 Juan A. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.