

FILED FEB 9 1944
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
727 South 16th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 727 South 16th
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLYDE C. CALDWELL

3. (b) If veteran, name war none

3. (c) Social Security No. 491-09-5430

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1944 hour 8 minute 15 P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Gertrude Caldwell

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: Aug. 3 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 26
1943 to Jan 18 1944
that I last saw him alive on Jan 18 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>15</u>	_____ hr. _____ min.

Immediate cause of death Cardio-Vascular Renal Disease

Due to Hypertension

Due to Chronic Nephritis

Duration

1 yr

2 yrs

2 yrs

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

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

Major findings: no operation
Of operations _____

Of autopsy no autopsy

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation janitor

11. Industry or business American Electric Co.

12. Name Simon C. Caldwell

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

14. Maiden name Amanda Thompson

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

16. (a) Informant Mrs. Gertrude Caldwell

(b) Address 727 South 16th

17. (a) burial (b) Date thereof 1-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heston B. Bales & Bowman

(b) Address 319 South 10th

19. (a) 1/20/44 (b) Rose Helzoy
(Date received local registrar) (Registrar's signature)

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 Gordon DeWright MD (M. D. or other) MD

Address 845 So 19th St Date signed 1/19/44

Dr. G. D. Knight
845 South 19th

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

Frank J. Bennett

Licensed Embalmer No. 1710

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.