

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2649

State File No.

Registrar's No. 170

FILED FEB 14 1944
Registration District No. 29

Primary Registration District No. 4166

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

1. PLACE OF DEATH:

(a) County Dickens

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

(c) Name of hospital or institution: 17
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dickens

(c) City or town Weatherly
(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 Wm Moore Caldwell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1944 hour 4:30 minute AM

21. I hereby certify that I attended the deceased from February 2, 1943 to January 1, 1944

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Div

6. (b) Name of husband or wife Miss Caldwell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 23 1855
(Month) (Day) (Year)

that I last saw him alive on January 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Similarity Duration _____

8. AGE: Years 88 Months 7 Days 9 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Illinois (City, town, or county) _____ (State or foreign country) 1

10. Usual occupation Rural Farmer

Other conditions (Include pregnancy within 3 months of death) 162 lb

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Abraham Caldwell

13. Birthplace Ireland (City, town, or county) _____ (State or foreign country) A

14. Maiden name Mary Ditzler

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Ray Pitt Bergand

(b) Address Weatherly Mo

17. (a) Burial (b) Date thereof 1-5-44
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: Burial Wentworth Cape Weatherly

18. (a) Signature of informant Ray Pitt Bergand

(b) Address Waverly Mo

19. (a) 1-8-44 (b) W. W. Ditzler
(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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature F. K. Wilson (M. D. Qualifier) _____

Address Winston, Missouri Date signed 1-6-44

NOV 12 1947

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. 3960
P. O. Address.....
Brazemile Ms

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.