S. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1944

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13944

Primary Registration District No. 3000

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
Grim - Smith Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 76

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Yelbert W. Caswell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 17 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	0	19	hr. min.

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

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Ransom Caswell
13. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Sarah E. Little
15. Birthplace not known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Peck Caswell
(b) Address Queen City Mo

17. (a) ~~Burial~~ Rem. (Burial, cremation, or removal) (b) Date thereof 4/5/44 (Month) (Day) (Year)
(c) Place: burial or cremation Tarr Cemetery

18. (a) Signature of funeral director Wm H West
(b) Address Queencity Missouri

19. (a) 4/5/44 (Date received local registrar) (b) Mrs. L. Wayne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~March~~ April day ~~30~~ 5th
year 1944 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from March 30, 1944, to April 5, 1944;
that I last saw him alive on April 4th, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis	2-3 days
Due to Gangrenous bowel	5 da
Due to Strangulated ~~left~~ right inguinal hernia	1
Other conditions (Include pregnancy within 3 months of death)	6 hrs duration 5 days ago

1228

Major findings:
Of operations Gangrene of about 2½ ft of bowel removed & another area about 1 ft long almost gangrenous not removed
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature George E. Grim (M. D. or other) MD
Address Kirksville, Missouri Date signed 4-6-44

1044

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number S-44-949
Date Filed MAY 11 1911

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 self, Registered Apprentice No. , working under my personal supervision.

Signed Wm N West

Licensed Embalmer No. 2882

P. O. Address Queencity 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.