

FILED SEP 5 1944

State File No. 27050

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 220

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

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:  
407 E. Jefferson  
(If not in hospital or institution, write street number or location)

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

In this community 52 years  
years, months or days)

3. (a) PRINT FULL NAME Margaret M. Caldwell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 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 February 23, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 5 29 hr. min.

9. Birthplace Callaway County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Domestic

MOTHER FATHER { 12. Name John Boyd Caldwell

13. Birthplace Mt. Sterling Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Ann Howe

15. Birthplace Fleming County Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Dora M. Caldwell

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 8/23/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Llewellyn Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Kirksville, Mo.

19. (a) 8-26-44 (b) Mrs. L. Weaver  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 407 E. Jefferson  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21  
year 1944 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from January 30  
1941 to August 21, 1944  
that I last saw her alive on August 21, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Myocarditis 3 wks.

Due to Nephritis and uremic poisoning. 3 mo.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Edward G. Goss (M. D. or other) 210  
Address Kirksville, Mo. Date signed 8-25-44

1049

9-44-1493

SEP 6 1944

SEP 18 1944

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..... *Bowden Beatty*.....  
Licensed Embalmer No. *4379*.....  
P. O. Address..... *Kirksville, 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.