S. No. 2
1—9-4-41
7. 5-17-39
1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1945

Dr. Sam Martin

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2894

Registration District No. 278 | Primary Registration District No. 4330 | Registrar's No. 50

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

1. PLACE OF DEATH:
(a) County: Mississippi Co.
(b) City or town: East Prairie Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mississippi
(c) City or town: East Prairie Mo. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Hettie C. Doyle
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: Widow
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 12 (Day) 1876 (Year)

8. AGE: Years 68 | Months 5 | Days 17 | If less than one day: hr. min.

9. Birthplace: Obien Co. (City, town, or county) Penna! (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: House wife

MOTHER FATHER
12. Name: Louis Oscar Caldwell
13. Birthplace: Obien Co. (City, town, or county) Penn! (State or foreign country)
14. Maiden name: Angeline Dunegan Caldwell
15. Birthplace: Unknown (City, town, or county) Penn! (State or foreign country)

16. (a) Informant: Mrs. Howard Finley
(b) Address: East Prairie Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 4 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: W.O.W.
18. (a) Signature of funeral director: Travis Shelby
(b) Address: East Prairie Mo.
19. (a) 1-11-1945 (Date received local registrar) (b) Fannie E. Bugman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th year 1944 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov 29 1944 to Nov 29 1944 that I last saw him alive on Nov 29 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration: 1 hr
Due to:
Due to: 94a
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? (e) Means of injury:

23. Signature: S. R. Martin (M. D. or other)
Address: E. Prairie Mo. Date signed 12-7-44

1271

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1945

RECEIVED
District Health Office No. 2,
District File Number 145-125
Date Filed 1-16-45

FEB 28 1945

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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.