

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16589

FILED JUN 14 1945
61

State File No. _____

Registration District No. _____

Primary Registration District No. 5287

Registrar's No. 28

1. PLACE OF DEATH:
(a) County. Cedar County
(b) City or town. Cedar Township-Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. XXX (Specify whether)
In this community XXXX years, months or days

3. (a) PRINT FULL NAME LLOYD EVERETT CALDWELL

3. (b) If veteran, name was XXX 3. (c) Social Security No. XXX

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife XXX 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased March 1, 1922 (Month) (Day) (Year)

8. AGE: Years 23 Months 0 Days 18 If less than one day XXXXXXXXXXXX min.

9. Birthplace Eldorado Springs, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXX

12. Name Albert S. Caldwell

13. Birthplace Eldorado Springs, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Ethel

15. Birthplace Eldorado Springs, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Albert S. Caldwell

(b) Address Eldorado Springs, Missouri

17. (a) Burial (b) Date thereof 3-19-1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Dell Cemetery

18. (a) Signature of funeral director Church and Neale

(b) Address Stockton, Missouri

19. (a) 6-2-45 (b) J. H. Runaway (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar
(c) City or town Cedar Township-Rural (If outside city or town limits, write "RURAL")
(d) Street No. XXX (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 18 year 1945 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec. 1944 to 3-18-1945 that I last saw him alive on 3-1-1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 6 mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations 46A

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?

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

23. Signature J. H. Runaway (M.D. or other)

Address Stockton, Mo. Date signed 4-3-45

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

REC-110

Death Officer No. 7,

District File Number 5-45-529

Date Filed 6-13-45

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

Melvin Church

Licensed Embalmer No.

3272

P. O. Address

Stockton, Cal.

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.