

FILED JUN 10 1946

15760

State File No.

608

Registrar's No.

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph's Hospital  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 8 days  
In this community 8 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Buchanan //  
(a) State (b) County  
(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2619 South 10th St. 7  
(If rural, give location) 10  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Robert Cardwell

3. (b) If veteran, name war no 3. (c) Social Security No. ?

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hettie Cardwell 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased March 25 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 1 27  
hr. min.

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

10. Usual occupation Not employed

11. Industry or business

12. Name Andrew Cardwell  
13. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 24, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave.

19. (a) May 28, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22  
year 1946 hour 12 minute 05 a. M.  
21. I hereby certify that I attended the deceased from 5-21-46  
19 46 to May 22 19 46  
that I last saw h. im alive on May 22 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Aricular Fibrillation  
Due to Chronic Nephritis

Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations [Signature]  
Of autopsy

Duration  
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 [Signature] (M. D. or other)  
Address Airkpatrick Bldg. Date signed 5/22/46  
St. Joseph, Mo.

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

14602

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**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 *Emma Cook*.....

Licensed Embalmer No. 4238.....

P. O. Address St Joseph 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.**