S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Wise

State File No. 19207

FILED JUN 10 1946

Registration District No. 548

Primary Registration District No. 45-10

Registrar's No. 7

1. PLACE OF DEATH:

(a) County SULLIVAN

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 77 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan 105

(c) City or town Osgood
(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 JAMES MARION CALDWELL

3. (b) If veteran, name war No

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife JENNIE JUNE CALDWELL

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased APRIL (Month) 2 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	1	16	hr. min.

9. Birthplace SULLIVAN COUNTY (City, town, or county) MO (State or foreign country)

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name JAMES CALDWELL
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SARAH KATHRYN STONE
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Forrest McClaskey
(b) Address Milan Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 20 (Day) 46 (Year)
(c) Place: burial or cremation Oakwood - Milan Mo

18. (a) Signature of funeral director Schaeuss
(b) Address Milan Mo

19. (a) June 6 46 (Date received local registrar) (b) Greta Caldwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1946 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1946 to May 18, 1946 that I last saw him alive on May 18, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	5 da
Due to arteriosclerosis	20 yrs
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? ..... (e) Means of injury .....

Signature [signature] (M. D. or other)

Address Harris Mo Date signed 5/20/46

318

(Licensed Embalmer's Statement on Reverse Side)

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 Dwight Schoene

Licensed Embalmer No. 2447

P. O. Address Milan, 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.