DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 12 1946

State File No. 24583

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 101

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

1. PLACE OF DEATH:

(a) County Phelps

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

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

(d) Length of stay: In hospital or institution 5 Hours (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4764 Cote Brilliante (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph N Caffrey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife Ethel Caffrey

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Jan. (Month) 14 (Day) 1921 (Year)

8. AGE: Years 25 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Superior (City, town, or county) Wisc. (State or foreign country)

10. Usual occupation Show Business

11. Industry or business

FATHER
12. Name Frank Caffrey
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Ruth Kale
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Ethel Caffrey

(b) Address 4764 Cote Brilliante St. Louis

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-6-46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo

18. (a) Signature of funeral director Alfred J. Smith

(b) Address Rolla, Mo

19. (a) 7/6/46 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1946 hour 10 minute 38 A.M.

21. I hereby certify that I attended the deceased from 7-4, 1946, to 7-4, 1946 that I last saw him alive on 7-4, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Lung injury

Due to Crushed chest

Due to

Other conditions 8 ribs fractured, left side. Scapula crushed-left. Cuts, bruises abrasions about various parts of body

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

170C 8 28

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 7-4-46

(c) Where did injury occur? Rolla (City or town) Phelps (County) Missouri (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place Highway (Specify type of place)

While at work? (e) Means of injury Auto

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

Address Rolla, Mo. Date signed 7-5-46

(Licensed Embalmer's Statement on Reverse Side) Non Coll. Truck Ust Road.

252

MAR 9 4 1951

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.