

FILED NOV 12 1946
Registration District No. **164**

Primary Registration District No. **4256**

Registrar's No. **28**

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

1. PLACE OF DEATH:
 (a) County **Johnson**
 (b) City or town **Holden**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
North East Holden, Missouri
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **none**
(Specify whether)
 In this community **57 years**
years, months or days

3. (a) PRINT FULL NAME **WILLIAM AL CALDWELL**
 3. (b) If veteran, name war **none**
 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **Mary Ann Caldwell** 6. (c) Age of husband or wife if alive **dec'd** years
 7. Birth date of deceased **May 24, 1858**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 88 | 4 | 12 | hr. min. |

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

10. Usual occupation **Retired**

11. Industry or business **same**

MOTHER FATHER 12. Name **William Caldwell** **9**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Vancamp**

15. Birthplace **Wheeling W. Va.** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hazel Caldwell**

(b) Address **Holden, Missouri**

17. (a) **Burial** (b) Date thereof **Oct. 9, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holden Cemetery**

18. (a) Signature of funeral director **Canaday and Ropp**

(b) Address **Holden, Missouri**

19. (a) **Oct 31, 1946** (b) **Mrs. H. V. Redford**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Johnson** **51**
 (c) City or town **Holden**
(If outside city or town limits, write "RURAL")
 (d) Street No. **North East Holden**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **XXXX**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **6**
 year **1946** hour **9:10** minute **P** - M.

21. I hereby certify that I attended the deceased from **Nov 27**
21, 19**46**, to **Oct 6**, 19**46**
 that I last saw him alive on **Oct 6**, 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Endocarditis**
 Duration

Due to **Chronic Myocarditis**
 Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **93D**
 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)
 (1) Means of injury **U**
 23. Signature **James H. Holberg** (M. D. or other) **DO**
 Address **Holden, Mo** Date signed **10-11-46**

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.....

M. J. Canavan

Licensed Embalmer No.....

3434

P. O. Address.....

Walden, Miss

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.