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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12631**

Registration District No. **44**

Primary Registration District No. **4061**

Registrar's No. **32**

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

1. PLACE OF DEATH:

(a) County Caldwell

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME AMANDA JANE CASELDINE

3. (b) If veteran, name war

3. (c) Social Security No. 5

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Oliver Caseldine

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

7. Birth date of deceased Nov. 6, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>5</u>	<u>14</u>	<u>hr. min.</u>

9. Birthplace Carroll County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Martin E. Caseldine

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

14. Maiden name Mary Waters

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. P. Hampton

(b) Address Braymer, Mo.

17. (a) Burial (b) Date thereof April 23, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Low Japs, Braymer, Mo.

18. (a) Signature of funeral director John Michael

(b) Address Braymer, Mo.

19. (a) 4-26-1947 (b) Mrs. Nell B. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Caldwell 13

(c) City or town Braymer
(outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 th
year 1947 hour 0 minute P M.

I hereby certify that I attended the deceased from June 19, 1947 to April 20, 1947

that I last saw her alive on Apr - 20 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 2da.

Due to Arteriosclerosis 2 years

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None

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) None

(b) Date of occurrence None

(c) Where did injury occur? None
(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)

(c) Means of injury 0

23. Signature Arvidual B. P. Colby (M, D. or other)

Address Braymer Date signed Apr 21 - 47

DISTRICT HEALTH OFFICE
Corpus Christi

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 Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.