

Registration District No. **373**

Primary Registration District No. **45-45**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County Webster

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

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

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

In this community life
years, months or days

3. (a) PRINT FULL NAME Hugh William Caldwell

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male Color or race White

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

6. (b) Name of husband or wife Ellen Caldwell

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

7. Birth date of deceased August - 30 - 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 18

If less than one day X hr. X min.

9. Birthplace Stanton, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet maker

11. Industry or business Shop (wood)

12. Name Hugh Caldwell

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

14. Maiden name Anne Scott

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

16. (a) Informant Mrs. Jessie Barnes (daughter)

(b) Address Marshfield, Mo.

17. (a) Burial (b) Date thereof 3-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Marshfield, Missouri

19. (a) 4/10/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1947 hour 7 minute 30 pm.

21. I hereby certify that I attended the deceased from July 30, 1946 to March 18, 1947; that I last saw him alive on March 18, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas

Due to Macdonnell

Due to _____

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: [Signature]
Of operations _____

Of autopsy _____

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 0

23. Signature C.P. Macdonnell (M. D. or other) M.D.
Address Marshfield, Mo. Date signed 3/19/47

Duration 9 mo.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

12
1
0

RECEIVED

District Health Officer No. 6,

District File Number 447-467

Date Filed APR 22 1947

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 *[Signature]*

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.