No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25071

Registration District No. 793 Primary Registration District No. 4436 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town New London
(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 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87
(c) City or town New London 10
(If 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 - ----

3. (a) PRINT FULL NAME ELIZABETH OWSLEY CALDWELL

3. (b) If veteran, name war -----
3. (c) Social Security No. -----

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Samuel K. Caldwell
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased December (Month) 25, (Day) 1857 (Year)

8. AGE: Years 89 Months 5 Days 23 If less than one day - hr. - min.

9. Birthplace Canton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business -----

FATHER
12. Name Asher Owsley
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Susan ---
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Harry Weaver
(b) Address New London, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Barkley Cemetery
18. (a) Signature of funeral director
(b) Address 1000 Broadway, Hannibal, Mo.
19. (a) June 4, 47 (Date received local registrar) (b) W. T. Waters (Registrar's signature) 91.0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1947 hour 2 minute 30 a.M.

21. I hereby certify that I attended the deceased from 2 May 23, 1947, to May 28, 1947; that I last saw her alive on May 27, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoras	
Due to Hypertension	
Due to	
Other conditions Bronchitis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94 B	

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 0

23. Signature W. T. Waters (M. D. ~~or other~~)
Address New London Mo Date signed June 4, 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
File Number 8-47-1044
District
Date Filed AUG 6 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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal, 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.