

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

DEPARTMENT OF COMMERCE,

BUREAU OF THE CENSUS

FILED SEP 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30177

State File No.

Registration District No. 374

Aug 25, 1947
Primary Registration District No. 4650

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Sheridan
(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. Most of life (Specify whether years, months or days)3. (a) PRINT FULL NAME VAN RIVER ELLISON CALDWELL3(b) If veteran,
name war 713. (c) Social Security
No. no4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married divorced married6. (b) Name of husband or wife. Unknown 6. (c) Age of husband or wife if alive 70 years7. Birth date of deceased. Feb 24 1871
(Month) (Day) (Year)8. AGE: Years 76 Months 5 Days 28 hr. min.9. Birthplace Crescenta, Pa Ky 1
(City, town, or county) (State or foreign country)10. Usual occupation RETIRED

11. Industry or business.

12. Name William W Caldwell13. Birthplace Don't know (City, town, or county) (State or foreign country)14. Maiden name Emily (City, town, or county) (State or foreign country)15. Birthplace Don't know (City, town, or county) (State or foreign country)16. (a) Informant W M Caldwell(b) Address Robinson Haus17. (a) Burial (b) Date thereof 8 24 47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Guilford No18. (a) Signature of funeral director John Andrews(b) Address Grant City Mo19. (a) Aug 25-47 (b) Leta E Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Worth
(c) City or town Sheridan
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22
year 1947 hour 9 minute 30a M.21. I hereby certify that I attended the deceased from Aug 17
....., 1947, to Aug 22, 1947
that I last saw him alive on Aug 22, 1947
and that death occurred on the date and hour stated above.Immediate cause of death Tubercular pneumonia
Duration

Due to

Due to influenzaOther conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operations 23

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) (c) Means of injury 223. Signature R. P. Ganten (M. D. or other) noAddress Madison Date signed 8 23 47

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

working under my personal supervision.

John Andrews.....Registered Apprentice No.....

Signed.....John Andrews.....

Licensed Embalmer No. 4211

P. O. Address Grant City 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.