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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948 128
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4495
Primary Registration District No. 2000
Registrar's No. 202

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2249 N. Howard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 60 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 2249 N. Howard 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Laura Ellan Caldwell
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: William A. Caldwell
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 10 (Day) 1864 (Year)

8. AGE: Years 83 Months 8 Days 27 If less than one day hr. min.

9. Birthplace: Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: In home

MOTHER FATHER
12. Name: James Robinson
13. Birthplace: Roanoke (City, town, or county) Virginia (State or foreign country)
14. Maiden name: Norlena C. Wright
15. Birthplace: Bedford (City, town, or county) Virginia (State or foreign country)

16. (a) Informant: Alva A. Caldwell
(b) Address: 2249 N. Howard
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-9-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Bolivar Mo.
18. (a) Signature of funeral director: J.W.Klingner & Co.
(b) Address: Springfield, Missouri
19. (a) 3/10/48 (Date received local registrar) (b) W E Handley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1948 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from 2-1, 1948 to 3-7, 1948, that I last saw her alive on 3-4, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Nephritis	2 yr
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? 0
While at work? (Specify type of place) (e) Means of injury:

23. Signature: Max Fisher (M. D. or other) MD
Address: Springfield Mo Date signed: 3-10-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Max Rhodes

Licensed Embalmer No. 4077

P. O. Address Spring Lake

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.