No. 300
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3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 24 1948

Registration District No. 278

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3054

State File No. 17172

Registrar's No. 61

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6th and Virginia St. (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: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pike
(c) City or town: Louisiana (If outside city or town limits, write "RURAL")
(d) Street No.: 6th and Virginia St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

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3. (a) PRINT FULL NAME: NELLIE BLY BROWN 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: Frank Caldwell

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

7. Birth date of deceased: Sept. (Month) 18 (Day) 1876 (Year)

8. AGE: Years 71 Months 7 Days 27 If less than one day: hr. min.

9. Birthplace: Louisiana (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Housekeeping

MOTHER FATHER
12. Name: Joe Brown
13. Birthplace: Louisiana, (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Anna J. Martz
15. Birthplace: Louisiana (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Guy Goodin
(b) Address: Louisiana, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cem.

18. (a) Signature of funeral director: Garner & Sterne
(b) Address: Louisiana, Missouri

19. (a) 5/15/48 (Date received by local registrar) (b) Bernice Callier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15, 1948 year 3 hour 00 minute A.M.

21. I hereby certify that I attended the deceased from June 1946, 19..., to May 15, 1948 that I last saw her alive on May 14, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Congestive Heart Disease — Duration: 1 wk

Due to: Chr. Hypertensive CardioVascular Disease
Chr. Cardiac Hypertrophy — 2 yrs
Due to: " " Valvular Insufficiency — 2 yrs

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 93 F
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Robert L. Andrae (M. D. or other) M.D.
Address: Louisiana, Mo. Date signed: 5/15/48

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 1948

MAY 25 1948

RECEIVED
District Health Officer No. 10
File Number 5-48-911
Date Filed MAY 21 1948

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

Virginia M. Sterne, Registered Apprentice No. 491,

working under my personal supervision.

Signed Harold V. Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.