S. No. 2
1—8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17315

Registration District No. 314 Primary Registration District No. 6064 Registrar's No.

1. PLACE OF DEATH:
(a) County: St. Clair
(b) City or town: Osceola (Rural) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Farm Home (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: 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Clair
(c) City or town: Osceola Rural) (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

3. (a) PRINT FULL NAME: Caleb Radford
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 28 (Day) 1864 (Year)
8. AGE: 83 Years Months 11 Days 11 If less than one day hr. min.
9. Birthplace: Henry County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
MOTHER FATHER
12. Name: Unknown
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
14. Maiden name: unknown
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: County Welfare Office
(b) Address: Osceola Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Osceola Cemetery
18. (a) Signature of funeral director: F B. Goodrich
(b) Address: Osceola Missouri
19. (a) 2-10-48 (Date received local registrar) (b) Ruth Sellers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9 year 1948 hour 4 minute A M.
21. I hereby certify that I attended the deceased from 1-14, 1948, to 2-9, 1948; that I last saw him alive on 2, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	5 yrs
Due to: Renal arteriosclerosis.	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
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: T. H. Taylor, Jr. (M. D. or other) 2-10-48
Address: Osceola, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-48-545
Date Filed 6-1-48

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 J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.