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FILED JUL 3 1948

293

6005

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town
(c) Name of hospital or institution: RR # Frankford mo
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Frankford RR #
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Albert Caldwell.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Cloris 6. (c) Age of husband or wife if alive

7. Birth date of deceased, Oct 12 1878

8. AGE: Years 69 Months 7 Days 5 If less than one day

9. Birthplace Pike Co Mo

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business

12. Name George Caldwell

13. Birthplace Mo

14. Maiden name Anna Engle

15. Birthplace Mo

16. (a) Informant Mrs. Michael Caldwell

(b) Address Hannibal Mo

17. (a) Burial (b) Date thereof 5-26-48

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director James Daniel

(b) Address Hannibal Mo

19. (a) June 14, 48 (b) W. J. Waters

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 23rd, year 1948 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from No Medical Attention. that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure

Due to Arteriosclerosis.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature Clyde W. ...

Address Terry Park Co Date signed 5/23/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

123456

CO:

123456789

RECEIVED
 District Health Officer, No. 10
 District File Number 7-48-1162
 Date Filed JUL 1 - 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.....
; Registered Apprentice No.
 working under my personal supervision.

Signed J W O'Donnell
 Licensed Embalmer No. 3889
 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.