No. 2
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FILED MAR 1 - 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5436

Registration District No. 399 • Primary Registration District No. 1002 Registrar's No. 661

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months 2 Days (Specify whether

In this community 2 Months 4 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Nevada (If outside city or town limits, write "RURAL")

(d) Street No. 211 South Ash (If rural, give location)

(e) If foreign born, how long in U. S. A.? -- years.

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3. (a) PRINT FULL NAME Mr. Samuel S. Calvert

3. (b) If veteran, name war None

3. (c) Social Security No. in Nevada

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Bonnie Calvert

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased December (Month) 12, (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	2	0	hr. min.

9. Birthplace (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Lineman

11. Industry or business Western Union Telegraph

FATHER
12. Name William S. Calvert
13. Birthplace Henry County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mattie Lynch
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Bonnie Calvert

(b) Address Nevada, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Norris Cemetery East of Urich, Mo

18. (a) Signature of funeral director O. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Feb. 13, 1940 (Date received local registrar) (b) M. M. Grant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th year 1940 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 15, 1939, 19__, to Feb 12, 1940; that I last saw him alive on Feb 11, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Pandiac Failure

Due to

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Due to

Other conditions (Include pregnancy within 3 months of death) Pneumonia Pneumonia Bronchus

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)

Address 830 Argyle Blvd. Date signed 7/13/40

(Licensed Embalmer's Statement on Reverse Side) Kansas City 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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed H. O. Newcomer Jr

Licensed Embalmer No. 4046

P. O. Address K. C. 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, above space should be left blank.