

FILED MAR 5 - 1946

Registration District No. _____

Primary Registration District No. 900

Registrar's No. 6207

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Niangua
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location) N
(d) Length of stay: In hospital or institution X
In this community 25 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Arthur B. Calame '50

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

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

6. (b) Name of husband or wife Lula Calame 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 9, 1881
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 1 If less than one day X hr. X min.

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

10. Usual occupation Postal Service

11. Industry or business Post office

MOTHER FATHER
12. Name Oscar E. Calame
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Rachael Lewis
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Don Calame
(b) Address Niangua, Missouri

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

(c) Place: burial or cremation Prospect

18. (a) Signature of funeral director W. J. Schlicht
(b) Address Marshallfield, Missouri

19. (a) Feb 25 - 40 (b) Mrs. M. F. Schlicht
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Niangua
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1940 hour 4 P minute — M.

21. I hereby certify that I attended the deceased from Feb 6 - 10
Feb 10, 1940, to Feb - 10, 1940
that I last saw him alive on Feb - 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Shock Duration _____

Due to mitral-insufficiency

Due to _____

Other conditions Died Instantly
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: A J W
Of autopsy: _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Schlicht (M. D. or other) _____
Address Niangua, Mo Date signed Feb 26

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

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 3-4-66

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 X

X _____, Registered Apprentice No. X
working under my personal supervision.

Signed Tex Quincy

Licensed Embalmer No. 3312

P. O. Address Marion, 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.