

FILE APR 17 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11079
Do not use this space.

1. PLACE OF DEATH

(a) County Werny Registration District No. 349
(b) Township Five Primary Registration District No. 4207
(c) City Calhoun (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 2 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5311 Mary D Munday St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bernjamin Munday</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 13, 1880</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>10</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. <u>Housekeeper</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Calhoun Werny Co.</u>		
FATHER	13. NAME <u>Geo A East</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Mary T. Goff</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unkn</u>	
17. INFORMANT (ADDRESS) <u>Frank Munday Calhoun</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calhoun Cem</u> DATE <u>Mar 13 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Holtzman Calhoun</u>		
20. FILED <u>March 13, 1940</u> <u>Mrs. Edith J. Simpson</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1940 to Mar 11 1940
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Old Age
and Bacterial Infection

Other contributory causes of importance:
16 1/2

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury Mar 11 1940
Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury at home
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) W. T. P. P. P. M. D.
(Address) Calhoun

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
District Health Officer No. 7,
District File Number *4-40-508*
Date Filed *4-1-48*

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,

H. L. Vansant

or by

✓

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

Signed

H. L. Vansant

Licensed Embalmer No. *3779*

P. O. Address *Clinton 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.