FILED 1940

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21852

Registration District No. 14 — Primary Registration District No. 5496 — Registrar's No. 17

1. PLACE OF DEATH
(a) County Henry, (b) City or town Windsor, Rural, 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Windsor Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days) 4 Yrs, & 2 months

2. USUAL RESIDENCE OF DECEASED: 0
(a) State Missouri (b) County Henry,
(c) City or town Windsor, Rural,
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.# 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nicholas John Call, 400

3. (b) If veteran, name war

3. (c) Social Security No.

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

6. (b) Name of husband or wife Annie,

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan 3 (Month) 1870 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day, hr. min.
70	4	28	

9. Birthplace Pleasant City (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Farmer 1

11. Industry or business Farming, 1

FATHER
12. Name Robert D.Call,
13. Birthplace W.Moreland Co, (City, town, or county) Penn, (State or foreign country)

MOTHER
14. Maiden name Mary F.Collins,
15. Birthplace Guernsey Co, (City, town, or county) Ohio, (State or foreign country)

16. (a) Informant's own signature Glen N Call
(b) Address Windsor Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof June 2 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt.Pleasant, Mo

18. (a) Signature of funeral director E.B. Calvert
(b) Address Lincoln Mo

19. (a) 6-2-40 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st, year 1940 hour 2 - 10 minute A M.

21. I hereby certify that I attended the deceased from 6-5 1939, to 3-22 1940, that I last saw him alive on 3-22-37 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Spine (Lumbar)	
Due to	
Due to 53	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations None
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?
310 (Specify type of place)
While at work? (e) Means of injury

23. Signature Roy B Jordan (M. D. or other)
Address Wesco Mo Date signed 5-1-40

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

X20567

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STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. *Registrar's No.*

1. PLACE OF DEATH

(a) County

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME

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

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

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
			hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant's own signature

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death | Duration

Due to

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.

RECEIVED
District Health Officer No. 7
District File Number 7-HB-1062
Date Filed 7-16-40

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 (M. D. or other)

Address Date signed

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

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.