

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 71

Primary Registration District No. 5110A

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural Cedar Township
(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 2
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 miles West of Ashland
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Brooksie May Calbert
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 24
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John E. Calbert
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased 10 24 1900
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 39 Months 0 Days 0
If less than one day _____ hr. _____ min.

Due to Pum shot in and in Right Nipple or Right Breast
Duration _____

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housewife

Major findings: Of operations _____

11. Industry or business _____

12. Name Lin Terrell

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

14. Maiden name Montie Yeager

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

Of autopsy _____

16. (a) Informant's own signature John E. Calbert

(b) Address Mc. Baine Missouri

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 7/26/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sulphur Springs

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence _____

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Holt & Burnett

(b) Address Ashland Missouri

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

19. (a) 8-5-40 (b) Frances Nichols
(Date received local registrar) (Registrar's signature)

23. Signature M R Calbert (M. D. or other) _____
Address _____ Date signed _____

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.

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.....

Licensed Embalmer No..... **3564**.....

P. O. Address..... **Ashland Missouri**.....

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.