

Registration District No. **6-67**

Primary Registration District No. **5767**

Registrar's No. **72**

1. PLACE OF DEATH: *Mississippi*
 (a) County *Walt Island*
 (b) City or town *Walt Island*
 (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 **3**
 In this community **21 yrs**
 years, months or days

3. (a) PRINT FULL NAME *REBELA CALHOON*
3. (b) If veteran, name war *L*
3. (c) Social Security No. *none*

4. Sex *F* **5. Color or race** *Col.* **6. (a) Single, widowed, married, divorced** *M*
6. (b) Name of husband or wife *Pink Calhoon* **6. (c) Age of husband or wife if alive** *48* years
7. Birth date of deceased *Nov 23 - 1900*
 (Month) (Day) (Year)

8. AGE: Years *40* Months *1* Days *1* If less than one day *hr. min.*

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

10. Usual occupation *Keeping house*

11. Industry or business
MOTHER FATHER
12. Name *Jack Harper*
13. Birthplace *Kentucky* (City, town, or county) (State or foreign country)
14. Maiden name *Arnie Thompson*
15. Birthplace *Texas* (City, town, or county) (State or foreign country)

16. (a) Informant *Pink Calhoon*
 (b) Address *Columbus Ky*

17. (a) *Burial* (Burial, cremation, or removal) **(b) Date thereof** *11-25-40*
 (Month) (Day) (Year)

(c) Place of burial or cremation *Columbus, Ky*

18. (a) Signature of funeral director *Shelby*
 (b) Address *East Prairie Mo*

19. (a) *12-6-1940* (Date received local registrar) **(b)** *Mrs D Hodges* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Missouri* (b) County *Mississippi*
 (c) City or town *Rural*
 (If outside city or town limits, write "RURAL")
 (d) Street No. *20 Miles S.E. of E. Prairie*
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *Nov* day *23*
 year *40* hour *9:50* minute *P.* M.

21. I hereby certify that I attended the deceased from *New England* 19____;
 that I last saw h_____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Apoplexy
from family
history given to me
She is a very fleshy
woman
 Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations *g, d*
 Of autopsy _____

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?

23. Signature *Frank Denson* (M. D. or other) **Address** *Charleston Mo* **Date signed** *11-23-40*
 While at work _____ (Specify type of place) (e) Means of injury _____

Duration
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 2

District File Number 1240-177

Date Filed 12/9/40

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie

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.