

REC FEB 25 1941

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(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 most of his life
years, months or days

8. (a) PRINT FULL NAME Calvin Roy Round

3. (b) If veteran, name war _____

8. (c) Social Security No. 522-01-9896

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Della

6. (c) Age of husband or wife if alive Della 29 years

7. Birth date of deceased Jan 14 1907
(Month) (Day) (Year)

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

34 - 21 hr. min.

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

10. Usual occupation Steel Worker

11. Industry or business

MOTHER FATHER { 12. Name Edward Round

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

14. Maiden name Mattie Luthers

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

16. (a) Informant Charles Round

(b) Address Kirksville Mo

17. (a) Burial (b) Date thereof Feb 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Plata, Mo

18. (a) Signature of funeral director Wm. L. Fletcher

(b) Address Kirksville, Mo

19. (a) Feb 7/41 (b) Spencer L. Freeman
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair

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

(d) Street No. 611 S. Sixth
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1941 hour 10 minute 00 P M.

21. I hereby certify that I attended the deceased from Dead on my arrival 1941 that I last saw him alive on 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wounds by his own hand.

Due to Suicide

Due to _____

Other conditions (include pregnancy within 3 months of death) 164

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence Feb 5 1941

(c) Where did injury occur? Kirksville Adair
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home - 611 S. 6th St. City

While at work? _____ (Specify type of place)

(e) Means of injury Gun Shot

23. Signature W. L. Freeman (M. D. or other) Coroner

Address Kirksville, Mo Date signed Feb 5/41

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-381

Date Filed FEB-19-1941

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 W. C. Sumner

Licensed Embalmer No. 2159

P. O. Address Tirkoville 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.