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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2237

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 14

1. PLACE OF DEATH: Clay
 (a) County
 (b) City or town Excelsior Springs, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 29 days
 (Specify whether
 In this community Unknown
 years, months or days)

3. (a) PRINT FULL NAME George G. Calbert
 3. (b) If veteran, name war World War
 3. (c) Social Security No. None

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 28, 1893
 (Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 28
 If less than one day hr. min.

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

10. Usual occupation Hardware Business

11. Industry or business " "

12. Name Samuel Calbert

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

14. Maiden name Anna Gallagher

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

16. (a) Informant Hospital Records

(b) Address

17. (a) Warsaw, Mo. (b) Date thereof 1-27-41
 (Barter, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warsaw, Mo.

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Mo.

19. (a) Jan 27-1941 (b) Mrs. W. A. German
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Benton
 (c) City or town Warsaw
 (If outside city or town limits, write "RURAL")
 (d) Street No. none
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th
 year 1941 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from November 27, 1940 to January 25, 1941, that I last saw him alive on January 25, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death:
 Coronary Arteriosclerotic Disease of the Heart with coronary occlusion; myocardial fibrosis; myocardial insufficiency, anginal syndrome and intraventricular conduction defect, class IV

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

Major findings:
 Of operations
 Of autopsy As above

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 W. A. German M.D. Clinical Director
 Address Veterans Administration Facility

(Licensed Embalmer's Statement on Reverse Side) Excelsior Springs, Mo. 1-27-41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Robert Ray

Licensed Embalmer No. 4182

P.O. Address Excelsior Springs, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.