

No. 2
4-13-40
-17-39
K 23199

MAR 14 1941 35
Registration District No.

Primary Registration District No. 3010

State File No.

Registrar's No. 24

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

1. PLACE OF DEATH
(a) County Carroll
(b) City or town Carrollton
(c) Name of hospital or institution
816 N. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
Entire life
In this community Entire life
years, months or days

3. (a) PRINT FULL NAME Isaac Newton Calvert
3. (b) If veteran, name war
3. (c) Social Security No. V

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nancy Jane Finley
6. (c) Age of husband or wife if alive, years 3
7. Birth date of deceased Dec 3 1869
(Month) (Day) (Year)

8. AGE: Years 7 1/2 Months 2 Days 5
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER
12. Name Peter F. Calvert
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Goodson
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grover Jones
(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 2-10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Stanley
(b) Address Carrollton Mo

19. (a) 2/10/41 (b) Guth Haskins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 816 N Main
(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 8
year 1941 hour 11 minute 00 P. M.
21. I hereby certify that I attended the deceased from 12-16, 1940, to 2-8, 1941,
that I last saw him alive on 2-8, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia
Duration 12 days
Due to A
Due to A
Other conditions Angina Pectoris
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
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?
130 (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature W. S. Atwood (M. D. or other) 0
Address Carrollton Mo Date signed 2/4/41

RECEIVED
District Health Officer No. 8,
District File Number
3-5-41
Date Filed

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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, fact should be so stated above.