

No. 2
1-4-41
1-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20603**
Registrar's No. **2133**

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1218 Elmwood 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community unknown
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1218 Elmwood
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Edward F. Calhoun

3. (b) If veteran, name war..... 3. (c) Social Security No. unknown

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 78 Months Days If less than one day
hr. min. 9

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant Coroner's Office
(b) Address 706 7th MO.

17. (a) Burial (b) Date thereof June 7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill, R.C.K.

18. (a) Signature of funeral director E. S. Walton

(b) Address 2738 Prospect

19. (a) June 7 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 28 year 41
hour 1:35 minute PM

21. I hereby certify that I attended the deceased from..... to.....

that I last saw him alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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:

(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?

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

23. Signature Russell W. Brown (M. D. or other) 3

Address Date signed.....

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

MOTHER FATHER

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 *J. S. Walton*
Licensed Embalmer No. *2744*
P. O. Address *2738 Prospect*

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.