

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

24782

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 8 1941 35

3010 5188

75

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Rural - Carrollton
(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 All his Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Rural Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Calimese

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

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive 17th years
7. Birth date of deceased January 17th 1924
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 16
If less than one day hr. min.

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

10. Usual occupation Farm Laborer

11. Industry or business

MOTHER FATHER { 12. Name John Calimese
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Conner
(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof July 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Willis - Marshall
(b) Address Carrollton Mo.

19. (a) 7-12-41 (b) Ruth Haskins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd.
1941. year hour 11 o'clock minute 00 P.M.

21. I hereby certify that I attended the deceased from February 23, 1941
to July 3rd 1941
that I last saw him alive on June 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 6 mo.

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 Phm H. Ritz, M.D. (M. D.)
Address Carrollton, Missouri Date signed 7/14/41

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

700

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-6-41

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed R. M. Maxwell

Licensed Embalmer No. 2525

P. O. Address Cannons 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.