. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942

Registration District No. 26

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1576

Primary Registration District No. 3002

Registrar's No. 208

4
1
2

1. PLACE OF DEATH:

(a) County Audrain City

(b) City or town Mexico Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 522 W Breckenridge 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain 4

(c) City or town Mexico. Mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. 522 W. Breckenridge 2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Annie M. Calhoun

3. (b) If veteran, name war .....

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Irvin Calhoun

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

7. Birth date of deceased February (Month) 21 (Day) 1866 (Year)

8. AGE: Years 75 Months 10 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation house wife

11. Industry or business .....

FATHER
12. Name Marcellus Threlkeld,
13. Birthplace ..... (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Eliza J. Smith
15. Birthplace ..... (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs. Worth Allen.
(b) Address Mexico Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 (Month) (Day) 41 (Year)
(c) Place: burial or cremation Mexico Mo.

18. (a) Signature of funeral director Mr. Phelps Bird
(b) Address Mexico Mo.

19. (a) Dec 31-1941 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

23

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1941 hour 8 minute 15 P M.

21. I hereby certify that I attended the deceased from Coroners Case, 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coroners Verdict. I find that the deceased came to her death from natural causes unknown. She had long had
Due to billious attacks and had one before her death today. She took one of these spells in
Due to the morning and was found dead on the floor about 8 am. partly undressed.

Other conditions (Include pregnancy within 3 months of death) a physician had told her he thought she had gall bladder trouble. She

Major findings:
Of operations was evidently undressing when she dropped dead

Of autopsy 127 a 2

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature E. Y. Burton, Coroner (M. D. or other)

Address Mexico, Mo Date signed 12/30/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-42-72
Date Filed JAN 10 1942

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 Roy A. McPhuem

Licensed Embalmer No. 1133

P. O. Address Mexico 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.