

S. No. 2  
M-1-4-41  
rv. 5-17-39  
I X25300

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2889  
Registrar's No. 762

FILED JAN 20 1942  
Registration District No. 2 (676)

Primary Registration District No. 6763

67  
0

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

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Rural St. James  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community 50 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No 2 miles West of E. Prairie  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME MIZELLA CALHOUN

3. (b) If veteran, name war —

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec. day 11 of 1940  
year 1940 hour 3.30 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 1940  
19 Dec to Dec 19 41  
that I last saw her alive on Dec 11 19 41  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married; divorced Married

6. (b) Name of husband or wife John H. Calhoun

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb 8, 1879  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Stomach  
Duration about 2 yrs

8. AGE: Years 68 Months 10 Days 04  
If less than one day hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name W. W. Frankling

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

14. Maiden name Mary E. Dean

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

16. (a) Informant Mrs. Eva Jackson

(b) Address East Prairie, Mo.

17. (a) Burial (b) Date thereof 12-12-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dogwood

18. (a) Signature of general director Thomas Shelby

(b) Address East Prairie, Mo.

19. (a) Jan 1-1942 (b) Mrs. Eva Dodge  
(Date received local registrar) (Registrar's signature)

Major findings: H&E

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 0

23. Signature Geo. W. Whitaker (M. D. or other) 0  
Address East Prairie Mo Date signed 12/17/41

RECEIVED

District Health Office No. 2,

District File Number 142-26

Date Filed 1-16-42

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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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*Travis Shelby*

Licensed Embalmer No. ....

P. O. Address.....

*2726*

*East Prairie, 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.**