

FILED JUN 18 1948
Registration District No. _____

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County BUCHANAN
 (b) City or town ST-JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution MERCY-HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 DAY
(Specify whether years, months or days) 3.5 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
 (c) City or town St Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2915 No 8
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MIRTLE-R-CALVERT
 3. (b) If veteran, name war NO
 3. (c) Social Security No. 210

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
 year 1942 hour 12:30 minute _____ P. M.
 21. I hereby certify that I attended the deceased from May 10 - 1942
 _____, 1942, to July 27, 1942

4. Sex Female 5. Color of race Wht
 6. (a) Name of husband or wife Ernest Calvert 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased March 25 1882
(Month) (Day) (Year)

that I last saw him alive on July 27, 1942
 and that death occurred on the date and hour stated above.
 Immediate cause of death Diabetic Coma Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>2</u>	<u>2</u>	hr. _____ min. _____

Due to diabetic mellitus
 Due to 61
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations amputation right hand
 Of autopsy _____

9. Birthplace Harrisonville MO
(City, town, or county) (State or foreign country)
 10. Usual occupation at home

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name V. R. Miller
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Miller
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Ernest Calvert
 (b) Address St Joseph, Mo
 17. (a) burial (b) Date thereof 5-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St Anthony

While at work? _____
(Specify type of place) (c) Means of injury

18. (a) Signature of funeral director W. J. Plautz
 (b) Address St Joseph, Mo
 19. (a) 5-28-42 (b) Ernest Calvert
(Date received local registrar) (Registrar's signature)

23. Signature W. H. N. Torgerson (M. D. or other) M.D.
 Address 411 Broadway Bldg Date signed July 27/42

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 *John Ray Stamer*
Licensed Embalmer No. *2485*
P. O. Address *St. Joseph, 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.