

REC'D AUG 14 1942
Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 574

49
6
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
303 S. Main St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Four Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")

(d) Street No. 303 S. Main St. 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Samuel E. Calhoon

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th,
year 1942 hour 11:40 August A.M.

21. I hereby certify that I attended the deceased from July 20
1942 1942 to July 10 1942
that I last saw him alive on July 10 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Florence A. Calhoon

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

7. Birth date of deceased February 2nd, 1863
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Prostate

Duration _____

8. AGE: Years Months Days If less than one day

79 5 8 hr. _____ min.

Due to _____

Due to _____

Other conditions 5-18
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retd. Farmer

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Milton Calhoon

13. Birthplace X Penn. /
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Mackall

15. Birthplace X Penn. /
(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 Clyde M. Calhoon

(b) Address Alton, Ill.

17. (a) Removal (b) Date thereof 7-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hookstown, Penn.

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) July 14, 1942 (b) Mrs. Lillie Eagle
(Date registered local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Mellough (M.D. or other) D.O.

Address Webb City, Mo Date signed 7-11-42

42.7.669

AUG 17 1947

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.....
Licensed Embalmer No. 2222
P. O. Address Carthage

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.