

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 57

Registration District No. 101

Primary Registration District No. 5414

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Washington
(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 _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Menerva Ann Calvin

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased August 21 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Jerry Calvin
13. Birthplace Ava, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Menervia Henderson

15. Birthplace Ozark County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jerry Calvin

(b) Address Route Ava, Missouri

17. (a) Burial (b) Date thereof 8-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gentry

18. (a) Signature of funeral director Friends

(b) Address _____

19. (a) 9-9-42 (b) Thomas S. Motter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 21
1942, to Aug 21 1942
that I last saw her alive on Aug 21 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Premature Duration _____

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 Dr. P. P. Harlan (M-D or other) D.D.
Address Ava Mo. Date signed 9-4-42

1026 (Licensed Embalmer's Statement on Reverse Side)

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

33622

C.E. Haslin

Parents did not want body Embalmed

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. 3431

P. O. Address. Ora MD

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.