V. S. No. 2
0M—5-42
. 5-17-39
P-I X32875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

Registration District No. 999

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

999

State File No.

Registrar's No. 471

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5117 Cleveland Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: -----
In this community: 18 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 5117 Cleveland Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -----

118
3
0

3. (a) PRINT FULL NAME: Mr. William H. Calvert

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Kate Calvert

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: December (Month) 25 (Day) 1863 (Year)

8. AGE: Years 79 | Months 1 | Days 3 | If less than one day: hr. min.

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

10. Usual occupation: Blacksmith

11. Industry or business: Retired 9 Years

FATHER
12. Name: William N. Calvert
13. Birthplace: Frederick County (City, town, or county) Maryland (State or foreign country)

MOTHER
14. Maiden name: Jane Shelton
15. Birthplace: Frederick County (City, town, or county) ~~Missouri~~ Maryland (State or foreign country)

16. (a) Informant: Mrs. Katherine Adkins
(b) Address: 5117 Cleveland Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 30, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.

19. (a) 1-30-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th year 1943 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 6-43 to Jan 28 1943 and that death occurred on the date and hour stated above.
that I last saw him alive on Jan. 27 1943

Immediate cause of death: Myocardial failure

Due to: Fibrinous Pleurisy

Due to: Chronic Nephritis

Due to: Arteriosclerosis Cardio Vascular Disease

Other conditions: 13/a
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

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: L. Lyons (M. D. or other)
Address: P. O. L. Posko Date signed: 1/29/43

(Licensed Embalmer's Statement on Reverse Side)

N.E. Carnel 80th & Paseo

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address 15 C 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.