S. No. 2
1—9-4-41
5-17-39
PI X29484

FILED MAR 13 1943

49
6
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6576

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 12

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:
Jane Chinn Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49 6 2

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

(d) Street No. 125 S. Tom St
(If rural, give location)

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

3. (a) PRINT FULL NAME Jessie James Calvin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race O W.

6. (a) Single, widowed, married, divorced 1 married

6. (b) Name of husband or wife Peggy Calvin

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

7. Birth date of deceased September 11, 1908
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
34	4	29	da. hr. min.

9. Birthplace Galena, Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name Parley Calvin
13. Birthplace Missouri O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie May Foster
15. Birthplace Missouri O
(City, town, or county) (State or foreign country)

16. (a) Informant Bro. Paul Calvin
(b) Address Kansas City, Kansas

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Galena, Kansas

18. (a) Signature of funeral director Hedge - Nelson
(b) Address Webb City, Missouri

19. (a) Feb. 13, 1943 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1943 hour 9:50 minute P. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19
that I last saw Did not see him alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound thro right temple

Due to Suicide

Due to

Other conditions 164C
(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) Suicide

(b) Date of occurrence Feb. 10. 1943

(c) Where did injury occur? Webb City (City or town) Jasper (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. A. Webster Coroner (M. D. or other)

Address Carthage Mo Date signed Feb. 11 '43

1180 (Licensed Embalmer's Statement on Reverse Side)

#P

43-2-193

MAY 10 1943

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 G. N. Hedges

Licensed Embalmer No. 2859

P. O. Address Kirkwood 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.