

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

11801

FILED MAR 26 1943

Registration District No.

374

Primary Registration District No.

62954549

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Altondale Mo
(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 40 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

JULIA ANN CALHOUN

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex 71

5. Color or race w

6. (a) Single, widowed, married, 2 divorced widowed

6. (b) Name of husband or wife Herley Calhoun

6. (c) Age of husband or wife if alive 20 years (Day) (Year)

7. Birth date of deceased Dec 20 1848 (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

94

1

6

hr. min.

9. Birthplace

(City, town, or county)

1. Illinois (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

Archapel Monroe House

12. Name

Not Known

9 (State or foreign country)

13. Birthplace

(City, town, or county)

9 (State or foreign country)

14. Maiden name

Mary Carter

15. Birthplace

(City, town, or county)

9 (State or foreign country)

16. (a) Informant

Mrs. Emma Davis

(b) Address

Altondale Mo

17. (a)

Burial (Burial, cremation, or removal)

(b) Date thereof

Nov 28 1943 (Month) (Day) (Year)

(c) Place: burial or cremation

Altondale Cemetery

18. (a) Signature of funeral director

Bram Bros

(b) Address

Denver Mo

19. (a)

Feb 10 - '43 (Date received local registrar)

(b)

Arthur Scadden (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Worth 11.3
(c) City or town Altondale Mo 8
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct
19 1943 to Death Jan 26 1943
that I last saw him alive on Jan 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Arterio-sclerosis

Duration

Chronic Valvular Heart Disease

Due to

Other conditions Fracture of Neck of Humerus
(Include pregnancy within 3 months of death)

No fall out of bed
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) ✓ 11.3 ✓
(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

J. H. Bailey

(M. D. or other) D.O.

Address

Denver Mo

Date signed Feb 6, 43

1104

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.....

P. O. Address.....

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:

Not Embalmed

BY

S-11801