

S. No. 2
M-9-4-41
5-17-39
I X 184

14887

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

DEAD MAY 13 1943

Registration District No. 211

Primary Registration District No. 4324

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Miller

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

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 62 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER

(c) City or town MILLER Co
(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 -

3. (a) PRINT FULL NAME MARY-EMALINE-CALKIN

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 18
year 1943 hour 1 minute 03 P.M.

21. I hereby certify that I attended the deceased from April 17
1943 to April 18 1943
that I last saw her alive on April 17 1943
and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife John-C-CALKIN

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

7. Birth date of deceased JAN 16 1881
(Month) (Day) (Year)

Immediate cause of death Acute Anemia Toxic probably from infected tooth

Due to lower carcinoma probably

Duration 5 days

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>3</u>	<u>2</u>	<u>-</u> hr. <u>-</u> min.

Due to -

Other conditions (Include pregnancy within 3 months of death) H68

9. Birthplace PASSOVER - Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations -

Of autopsy -

PHYSICIAN -

Underline the cause to which death should be charged statistically.

10. Usual occupation House work

11. Industry or business Homey

12. Name J-K-DeGrattenreid

13. Birthplace unborn Ky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Morris

15. Birthplace unborn unborn
(City, town, or county) (State or foreign country)

16. (a) Informant Mr C. O. Bookman

(b) Address Tusculum Mo

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? -

17. (a) BURIAL (b) Date thereof 4-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Garden Cem

While at work? (Specify type of place) (c) Means of injury -

23. Signature M. E. Hinkson (M. D. or other) J. D. O.
Address 4-19-43 Tusculum Mo Date signed -

18. (a) Signature of funeral director Wright

(b) Address Eldon Mo

19. (a) 4-19-43 (b) H. O. Wright
(Date received local registrar) (Registrar's signature)

MAY 13 1948

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 Frederick M. Kaye
Licensed Embalmer No. 3998
P. O. Address Eldon 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.