

JUN 24 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 322

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution:  
2707 E. 8th. St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. - - -  
(Specify whether  
In this community 21 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2707 E. 8th. St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. - - - 0

3. (a) PRINT FULL NAME Robert Lee Calhoun

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

7. Birth date of deceased. December 23 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 12  
If less than one day hr. min.

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

10. Usual occupation. Carpenter

11. Industry or business. None

12. Name. Dave Calhoun

13. Birthplace. Unknown Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name. Mary Brown

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

16. (a) Informant. Mrs. Robert Lee Calhoun

(b) Address. 2707 E. 8th. St., Joplin

17. (a) Burial. Burial (b) Date thereof. June 8, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Dudman Cemetery

18. (a) Signature of funeral director. Knell Mortuary

(b) Address. Carthage, Missouri

19. (a) 5-7-43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th  
year 1943 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 5 1943 to June 5 1943;  
that I last saw him alive on June 5 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Obstruction of the bowels  
Due to. Probably due to Carcinoma  
Due to.

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

Major findings: Of operations.

Of autopsy.

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. H. L. Wilbur (M. D. or other) M.D.  
Address. Joplin, Mo. Date signed 6/7/43

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

MOTHER FATHER

1204

43-6-506

**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: *John D. Batchelder*  
Licensed Embalmer No. *4153*  
P. O. Address: *Carthage 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.