

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

22089

Do not use this space.

**1. PLACE OF DEATH**

(a) County Platte Registration District No. 268  
 (b) Township Letter Reber Primary Registration District No. 5906  
 (c) City Leach Orchard (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. ds. (f) How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

Registered No. 78

**2. PRINT FULL NAME**

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

Alton Charles Calder Jr.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19 - 1939  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
4 7 \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leach Orchard

13. NAME David Calder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yalena Mo

15. MAIDEN NAME Jessie Welch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leach

17. INFORMANT (ADDRESS) David Calder

18. BURIAL, CREMATION, OR REMOVAL PLACE Shreevale DATE April 10, 1943

19. FUNERAL DIRECTOR (ADDRESS) Frantz

20. FILED 7-1 1943 J.P. Treary Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1943  
 22. I HEREBY CERTIFY That I attended deceased from April 9 1943 to April 9 1943  
 Last saw him alive on April 8 1943. Death is said

to have occurred on the date stated above, at 6 P.  
 The principal cause of death and related causes of importance were as follows:

Measles  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 35

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chumch Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury None, 19\_\_\_\_  
 Where did injury occur? None  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) Bob Becht, M. D.  
 (Address) Leach Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUL 10 1949

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6-43-214

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**