

15-17-39
X3287

FILED JUL 17 1943

State File No. _____

Registration District No. 50

Primary Registration District No. 5177

Registrar's No. _____

1. PLACE OF DEATH
(a) County Camden
(b) City or town Montreal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home - 1 Star Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community life _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Camden
(c) City or town Camdenton Montreal
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) Star Route 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Becil black Calvert
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15
year 1943 hour 2 minute AM

4. Sex male 5. Color of race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Nov 22 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 12 1943 to May 15 1943
that I last saw him alive on May 14 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia

8. AGE: Years Months Days If less than one day
5 24 hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Camden Co 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 none
11. Industry or business _____
12. Name Carl Calvert
13. Birthplace Camden Co mo
(City, town, or county) (State or foreign country)
14. Maiden name Emma Gene Jones
15. Birthplace Camden Co. mo
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Gene Calvert
(b) Address Montreal mo
17. (a) Burial (b) Date thereof May 16 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Freedom Cem.
18. (a) Signature of funeral director Banksau Woolery
(b) Address Camdenton mo
19. (a) June 25 43 (b) Edith Nelson
(Date received local registrar) (Registrar's signature)

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)
(b) Means of injury _____
23. Signature L. Dale Atterburg M.D. or other _____
Address Camdenton Mo Date signed 6-23-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 6-43-704

Date Filed 7-15-43

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 Abbie Woolery

Licensed Embalmer No. 2488

P. O. Address bandeaton

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 50

Primary Registration District No. 5177

Registrar's No.

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether

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

3. (a) PRINT FULL NAME Cecil Clark Calvert

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased Nov. 22
(Month) (Day) (Year)

8. AGE: Years Months Days 5 min. 10
(Unless than one day)

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov year 1943 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....; (that I last saw him..... live on..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death neumonia Duration

Due to Lobar Pneumonia

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 108

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 K. Dauterberg (M. D. or other) MD

Address Camden Mo Date signed 7-27-43

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

SUPPLEMENTARY

MOTHER FATHER

PHYSICIAN Underline the cause to which death should be charged statistically.

S-24566