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41  
7-39  
K29484

FILED DEC 11 1943

Registration District No. 39403

Primary Registration District No. 4245

State File No. ....

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: x  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether years, months or days) 72 years

In this community 72 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

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

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country x

3. (a) PRINT FULL NAME Fannie E. Calvert

3. (b) If veteran, name war x

3. (c) Social Security No. x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24  
year 1943 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Oct 21st  
1943 to Oct 24th 1943  
that I last saw her alive on Oct 24th 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 2

6. (b) Name of husband or wife George W. Calvert

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

7. Birth date of deceased December-12-1865  
(Month) (Day) (Year)

Immediate cause of death Heart floe

Duration 4 days

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>10</u>	<u>12</u>	<u>x</u> hr. <u>x</u> min.

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 95a

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Steve Graves

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

14. Maiden name Ryan

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

16. (a) Informant Mrs. Clarence Hooten

(b) Address Marshfield, Missouri

17. (a) Burial (b) Date thereof Oct-26-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Marshfield

18. (a) Signature of funeral director For Rainey

(b) Address Marshfield, Missouri

19. (a) Nov 12-43 (b) Charlotte Bruce  
(Date received local registrar) (Registrar's signature)

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) .....

(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 1

23. Signature A. E. Dadd (M.D. or other) MD

Address Marshfield Mo Date signed 11-11-43

1344

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1243-1381

Date Filed 12-8-43

**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 \_\_\_\_\_

Licensed Embalmer No. 5312

P. O. Address Marshfield, 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.**