

FILED FEB 9 1944

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

3644

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 227
 (b) Township Jefferson Primary Registration District No. 5805 Registered No. 4
 (c) City Jefferson or St. Louis (d) Street No. 1 St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME Mary Ann Calhoun

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Odell Calhoun

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/30/1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
91 3 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Marion, Mo.13. NAME William Long14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Mary Mapping16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Lenna M Crump
Jefferson, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Presb. Hill DATE Jan 24 194419. FUNERAL DIRECTOR (NAME) (ADDRESS) Lenna M Crump
Jefferson, Mo.20. FILED 1-31 1944 Maym Gartin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/22 1944

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1944 to Jan 22 1944
 I last saw her alive on Jan 20 1944. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis
(chronic) unknown

Date of onset

Other contributory causes of importance: 97

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

Also, specify.....

(Signed) Lenna M Crump, M. D.(Address) Jefferson, Mo.

RECEIVED

District Health Officer No. 10

District File Number 2-44-397

Date Filed FEB 8 1944

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 Mrs. L. A. Thompson
Licensed Embalmer No. 3282
P. O. Address Madison, Tex

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, above space should be left blank.