

No. 2
1-4-41
5-17-39
I X26390

FILED FEB 24 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: 2121 Boulevard ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community abt 5 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No 2121 Boulevard ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH-DAVID-CALVERT

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race Wh 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 26 1924
(Month) (Day) (Year)

8. AGE: Years 18 Months 7 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Andrew Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation student

11. Industry or business

12. Name James Calvert

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

14. Maiden name Euse Shelton

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

16. (a) Informant James Calvert

(b) Address St Joseph Mo

17. (a) _____ (b) Date thereof: Feb 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Stamen Funeral Home

(b) Address St Joseph Mo

19. (a) 2-3-44 (b) Joe Hazy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1944 hour 8:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1/17 1944 to 1/30 1944
that I last saw him alive on 1/29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration _____

Due to _____

Due to SSN

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

Major findings: Of operations _____

Of autopsy no 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) no

(b) Date of occurrence _____

(c) Where did injury occur? T (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 J. H. Hazy (M. D. or other) _____

Address 2629 St Joseph Ave Date, signed 4/1/44

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

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 Roy Stamer

Licensed Embalmer No. *2435*

P. O. Addr. *St. Joseph, 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.