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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8048

Registration District No. 291 Primary Registration District No. 5993 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Putnam

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

(c) Name of hospital or institution: LUCERNE, Mo 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 59 years

2. USUAL RESIDENCE OF DECEASED: 86

(a) State Missouri (b) County Putnam

(c) City or town Rural 0 (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Halley Leona McCalment

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dr. O.R.C. McCalment

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 4 (Month) 2 (Day) 1884 (Year)

8. AGE: Years 59 Months 10 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Eliha F. Haigler
13. Birthplace Iowa (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Sarah E. HaAlley
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant P. H. McCalment
(b) Address Unionville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Unionville Cem.

18. (a) Signature of funeral director Husted & Son
(b) Address Unionville Mo.

19. (a) 3/4/44 (Date received local registrar) (b) [signature] (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27 year 1944 hour 7 minute 05 pm

21. I hereby certify that I attended the deceased from 1941 ....., 19.. to Feb 27, 1944 that I last saw her alive on Feb 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Colon — Duration 3

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

46

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address Unionville Mo Date signed 2-26-44

(Licensed Embalmer's Statement on Reverse Side)

MAR 18 1948

APR 17 1958

RECEIVED
District Health Officer No. 10
District File Number 3-44-548
Date Filed MAR 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 F O Husted

Licensed Embalmer No. 2975

P. O. Address Unionville 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.