

FILED MAY 12 1948

State File No. _____

Registration District No. _____

Primary Registration District No. 5764

Registrar's No. 19

1. PLACE OF DEATH:
(a) County Manon
(b) City or town Rural Manon Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community Public Life Time years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Manon 64
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. no (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

3. (a) PRINT FULL NAME ZIBA MILTON CALVERT

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Mar day 30
year 1944 hour 6 minute 30 A M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

21. I hereby certify that I attended the deceased from Dec 2, 1943, to Mar 30, 1944
that I last saw him alive on Dec 2, 1943, and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive no years
7. Birth date of deceased Jan 10 - 1867 (Month) (Day) (Year)

Immediate cause of death Senility Duration _____

8. AGE: Years 87 Months 2 Days 20 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions (include pregnancy within 3 months of death) 162 lb

10. Usual occupation Retired

Major findings: Of operations _____

11. Industry or business Log skinner

Of autopsy _____

12. Name Ziba Calvert

13. Birthplace Ziba Calvert Ia. 1 (City, town, or county) (State or foreign country)

14. Maiden name Mary Shugland

15. Birthplace Ia. 1 (City, town, or county) (State or foreign country)

16. (a) Informant A. J. Calvert

(b) Address Hummelwell Mo.

17. (a) Burial (b) Date thereof Apr 1 - 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Robert Cemetery

18. (a) Signature of funeral director Groves & Givens

(b) Address Hummelwell Missouri

19. (a) 3-31-1944 (b) Mrs Margaret Maddox (Date received local registrar's report) (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) (e) Means of injury _____

23. Signature R. A. Parker (M. D. or other)

Address Hummelwell Mo. Date signed 3-30-44

WRITE PLAINLY—USE UNFADING INK

MOTHER FATHER

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

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 ME

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 1754

P. O. Address Honolulu, HI

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.