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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30837

FILED OCT 13 1944

Registration District No. 17 Primary Registration District No. 4186 Registrar's No. 40

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Sullivan, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North Side Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community All his life

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

3. (a) PRINT FULL NAME Frank Eugene Calvert
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 26th. (Day) 1943 (Year)

8. AGE: Years 1 Months 3 Days 7 If less than one day hr. min.

9. Birthplace St.Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name William Eugene Calvert,
13. Birthplace Shawnee Town, Ill. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Hazel Ray,
15. Birthplace Salem. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Hazel Calvert,
(b) Address Sullivan, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-4-1944 (Month) (Day) (Year)
(c) Place: burial or cremation East St.Louis,Ill
18. (a) Signature of funeral director J.T. Williams
(b) Address Sullivan, Mo.
19. (a) 10-4-44 (Date received local registrar) (b) Gilbert Gilbert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day Oct. 1944 year hour 3 P. M. minute M.
21. I hereby certify that I attended the deceased from Oct. 2nd. 19 44, to Oct. 3th. 19 44 that I last saw him alive on Oct. 3rd. 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Croupous Pneumonia. — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

108

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

23. Signature Samuel R. Harum (M. D. or coroner)
Address North side Hospital. Sullivan Date signed 10/4/44

1121 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 10-12-44

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 J. T. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, 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.