

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

31453
Do not use this space.

FILED OCT 9 1944

1. PLACE OF DEATH

(a) County Pettis Registration District No. 274
(b) Township..... Primary Registration District No. 5405 Registered No. 407
(c) City Green Ridge (d) Street No..... 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 Chas. L. Calvert

(a) Residence, No. Green Ridge Mo 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 Male 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 Ella Weedon Calvert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16 - 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 90 10 22
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fahmen
9. Industry or business in which work was done, as saw mill, bank, etc. All his life
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) Cooper Co. Mo.

FATHER 13. NAME Elias Calvert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Resiah Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Lenoy Calvert Green Ridge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Ridge DATE 9/14 1944

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. L. Pease Green Ridge Mo

20. FILED 9-14-44 19 Mrs Anna Seger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1944

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1944 to Sept 13 1944
I last saw him alive on Sept 13 1944 Death is said to have occurred on the date stated above, at 4:30 AM.
The principal cause of death and related causes of importance were as follows:

Myocardial disease Date of onset
13/4
Other contributory causes of importance:
chronic interstitial nephritis

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?.....
If so, specify.....
(Signed) H. A. Rite M. D.
(Address) Green Ridge Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
MARRIAGE SERVED FOR BINDING
V. S. NO. 2
20M-9-10-40
I X16603

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-6-44

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 L. L. Rame

Licensed Embalmer No. 1881

P. O. Address Green Ridge 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, above space should be left blank.