

FILED DEC 21 1944
Registration District No. 21916

Primary Registration District No. 5962

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether 1)

In this community Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 23

(c) City or town Platte City 1
(If outside city or town limits, write "RURAL")

(d) Street No. XX (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Jesse M. Calvert

3. (b) If veteran, name war no

3. (c) Social Security No. XX

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife. XX

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

7. Birth date of deceased July 19, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>5</u>	<u>01</u>	hr. _____ min.

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

10. Usual occupation Painter

11. Industry or business _____

MOTHER FATHER { 12. Name Benjiman Calvert

13. Birthplace XX Virginia
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Robert R. Calvert

(b) Address Platte City, Missouri

17. (a) Burial (b) Date thereof Nov. 19, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City, Cemetery

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

(b) Address Weston, Missouri

19. (a) 11-25-44 (b) Mrs. Clay Siffert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1944 hour 12 minute 05 p. M.

21. I hereby certify that I attended the deceased from 9/11/44 1944 to 11/18/44 1944
that I last saw him alive on 11/18/44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver
Cancer of stomach
mitral stenosis
arteriosclerosis

Duration 6 mo
20 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) 468

Major findings: Of operations _____

Of autopsy none

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? _____ Means of injury 2

23. Signature R. J. Tilling (M.-D. or other) P.O.
Address Weston Date signed 11/18/44

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

300

Plato Co. X...
District Health Officer No. 12-44-97
District File Number 12-44-97
Date Filed 12-5-44
RECEIVED

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 W. R. Vaughn
Licensed Embalmer No. 4023
P. O. Address Weston 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.