S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1945

Registration District No. 243

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

17654

State File No.

Primary Registration District No. 5837

Registrar's No. 44

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Camp Crowder, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Regional Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Massachusetts (b) County
(c) City or town Lawrence (If outside city or town limits, write "RURAL")
(d) Street No. 33 Biglow (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George F. Calnan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 1 (Day) 1915 (Year)

8. AGE: Years 29 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Lawrence (City, town, or county) Massachusetts (State or foreign country)
10. Usual occupation Lineman
11. Industry or business telephone company

FATHER
12. Name George F. Calnan
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Calnan
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Soldiers Service Record
(b) Address Camp Crowder, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 23 Apr 45 (Month) (Day) (Year)
(c) Place: burial or cremation Lawrence, Mass.
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo
19. (a) 4-23-1945 (Date received local registrar) (b) Lolly Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1945 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from April 7, 1945, to April 22, 1945 that I last saw him alive on 22 April, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pericarditis, Acute
Fibrinous Cause Undetermined.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 Webster W Bennett (M. D. or other) MD
Address Camp Crowder Mo Date signed 23 Apr 45

(Licensed Embalmer's Statement on Reverse Side)

1110

## 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.

RECEIVED MAY 14 1945

District Health Officer No. .....

District File Number 445-74

Date Filed MAY 14 1945

Signed Emma L. Knell

Licensed Embalmer No. 391

P. O. Address Carthage

**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.**