

No. 2
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17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3155**

Registration District No. **383**
11-20 JAN 25 1946

Primary Registration District No. **5655**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town W. Vernon Rural, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 years
(Specify whether in this community not known years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town W. Vernon Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas McCalvin

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Not Known

6. (c) Age of husband or wife if alive not known years

7. Birth date of deceased Not Known
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80 Past</u>			hr. <u>9</u> min.

9. Birthplace Not Known
(City, town, or county) (State or foreign country)

10. Usual occupation Not Known

11. Industry or business X

MOTHER FATHER

12. Name Not Known

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Supt. of County Farm Records

(b) Address W. Vernon, Mo

17. (a) Burial (b) Date thereof 12/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation County Farm

18. (a) Signature of funeral director Geo. Bone

(b) Address W. Vernon, Mo

19. (a) 12/28/45 (b) DR Philbert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1945 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from April, 1941, to Dec. 12, 1945
that I last saw him alive on Dec. 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial decomposition of failure.

Due to Chr. Myocarditis.

Due to _____

Other conditions 930
(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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Ernie H. Glover (M. D. or other) _____

Address W. Vernon, Mo Date signed 12/28/45

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

RECEIVED

District Health Officer No. 6,

District File Number 146-75

Date Filed JAN 22 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by anyone

Registered Apprentice No. _____

working under my personal supervision.

Signed

Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.