No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

100644

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3410

Registration District No. 227 Primary Registration District No. 3805 Registrar's No. 62

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Vandalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jefferson Twp 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Jefferson Twp 0
(If outside city or town limits, write "RURAL")
(d) Street No. 9 Miles - from Paris 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Clemde C Calhoun
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~~
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ~~Deceased~~
7. Birth date of deceased Feb (Month) 7 (Day) 1871 (Year)
8. AGE: Years 74 Months 10 Days 10 If less than one day hr. min.
9. Birthplace Florida (City, town, or county) Monroe Co Mo (State or foreign country)
10. Usual occupation Painter
11. Industry or business
12. Name Robert L. Calhoun
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name Anna Fox
15. Birthplace Dent (City, town, or county) Mo (State or foreign country)
16. (a) Informant Edw C. Calhoun
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 02-06-45 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill
18. (a) Signature of funeral director Fred Thompson
(b) Address Madison Mo
19. (a) 12-20-45 (Date received local registrar) (b) Elbert Baker MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1945 hour 10 minute a M.
21. I hereby certify that I attended the deceased from July 1942 to Dec 16 1945 and that I last saw him alive on 12-14-45 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis and myocardial failure	3 yrs
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature F. A. Burnett (M. D. or other) MP
Address Paris Mo Date signed 12-19-45

205 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-46-87
Date Filed JAN-23-1946

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 [illegible]

Licensed Embalmer No. 3282

P. O. Address [illegible]

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.