No. 2
1—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12777

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 36

1. PLACE OF DEATH:
(a) County: FRANKLIN
(b) City or town: PACIFIC
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 25 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: FRANKLIN 36
(c) City or town: PACIFIC 2
(If outside city or town limits, write "RURAL")
(d) Street No. / 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country /

3. (a) PRINT FULL NAME: ALLEAN CALVIN

3. (b) If veteran, name war: NO

3. (c) Social Security No.: NONE

4. Sex: FEMALE 1

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: ROY CALVIN

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

7. Birth date of deceased: JULY (Month) 5 (Day) 1912 (Year)

8. AGE: Years 33 Months 9 Days 21 If less than one day hr. min.

9. Birthplace: FRANKLIN, CO (City, town, or county); MISSOURI (State or foreign country) 0

10. Usual occupation: HOUSEWIFE

11. Industry or business: OWN HOME

FATHER
12. Name: JAMES TYLER 0
13. Birthplace: FRANKLIN, CO. (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name: LOCTIE SHORT
15. Birthplace: FRANKLIN, CO. (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: JIM TYLER
(b) Address: PACIFIC, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 4/29/46 (Month) (Day) (Year)
(c) Place: burial or cremation: PACIFIC, MO.

18. (a) Signature of funeral director: [illegible]
(b) Address: PACIFIC MO.

19. (a) 4/29/46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 26 year 1946 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 17 1946 to April 26 1946 that I last saw her alive on April 26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Embolism of the parietal lobe of the brain.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 54 lbs.

Major findings: Of operations: as same on the BARNES HOSPITAL ST. LOUIS MO.

Of autopsy:

Duration

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: [illegible] (M. D. or coroner) 0
Address: PACIFIC Date signed 4/28/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-6-46

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 Jno. L. Shields

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.