

FILED MAY 7 1947

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution:
residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO.
(Specify whether years, months or days)

In this community 53 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town West Plains,
(If outside city or town limits, write "RURAL")

(d) Street No. 543 Missouri Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY A. CALHOON

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1947 hour 3: minute P. M.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Henry Oliver Calhoon

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March 6, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/28 1947, to 3/18 1947, that I last saw her alive on 3/18 1947; and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 0 Days 9 If less than one day hr. _____ min. _____

Immediate cause of death Arteriosclerosis

Due to _____

Due to _____

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

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

10. Usual occupation none

Major findings: Of operations _____

Of autopsy H&B

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name McCue

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

14. Maiden name VanArsdale

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

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? _____

16. (a) Informant Raymond Calhoon,
(b) Address St. Louis, Missouri

17. (a) Oak Lawn Cem. (b) Date thereof Mar. 31, 1947
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director Hal Slouburgh
(b) Address West Plains, Mo.

19. (a) April 21-47 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____

23. Signature W. H. Cook (M. D. or other) _____
Address West Plains, Mo. Date signed _____

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

46

RECEIVED

District Health Officer No. 5,

District File Number... 547251

Date Filed 3-6-47

FEB 10 1948

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.....

~~Paige D. Robertson~~ Paige D. Robertson Registered Apprentice No. 431
working under my personal supervision.

Signed Paige D. Robertson

Licensed Embalmer No. 3435

P. O. Address West Plains 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.