

S. No. 2  
M-5-43  
5-17-39  
I X3667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21636

Registration District No. 209 Primary Registration District No. 5764 Registrar's No. 37

1. PLACE OF DEATH:  
(a) County Marion  
(b) City or town Rural Warren Township  
(c) Name of hospital or institution: Monroe City; Route 2  
(d) Length of stay: Life Time  
In this community Life Time

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Marion  
(c) City or town Rural  
(d) Street No. Monroe City; Route 2  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME EMMA CATHERINE CALVERT  
3. (b) If veteran, name war. No.  
3. (c) Social Security No.  
4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife.  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased AUGUST 25 1887

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 24th year 1947 hour 3 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Nov. 26 - 1946 to May 24 - 1947  
that I last saw her alive on May 24 - 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 8 Days 29

Immediate cause of death: Pneumonia and small colon  
Duration 2 yrs.

9. Birthplace Shelby County Missouri  
10. Usual occupation School Teacher (Retired)

Other conditions: (Include pregnancy within 5 months of death)  
Major findings: Of operations  
Of autopsy

MOTHER FATHER

11. Industry or business  
12. Name John Quincy Calvert  
13. Birthplace Marion County Missouri  
14. Maiden name Elvina Jane Calvert  
15. Birthplace Warren Missouri

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? Means of injury

16. (a) Informant Lillian Calvert  
(b) Address Monroe City Mo  
17. (a) Burial (b) Date thereof May 27/47  
(c) Place: burial or cremation Calvert Cemetery Marion Co  
18. (a) Signature of funeral director WILSON & SONS  
(b) Address Monroe City Mo  
19. (a) 5-28-47 (b) Viola Sec. Deputy Registrar's signature

23. Signature [Signature] (M. D. or other) Mo  
Address Monroe City Mo Date signed 5/28/47

(Licensed Embalmer's Statement on Reverse Side)

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

24  
80

**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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Leslie L. Wilson  
Licensed Embalmer No. 3014  
P. O. Address Wauwatosa City, 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.**