

MAR 1 1948

Registration District No. 333

Primary Registration District No. 3074

510
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: 406 Kendall St 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 life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")

(d) Street No. 406 Kendall St. 1 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOHN SLATON CALVIN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1948 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him in alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nina 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept 9 1895
(Month) (Day) (Year)

Immediate cause of death Asphyxiation - house fire Duration _____

Due to 1st + 2nd degree Burns

Due to _____

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

8. AGE: 52 Years Months 5 Days 0
If less than one day hr. _____ min. _____

9. Birthplace Scott Co, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic Auto Garage

11. Industry or business _____

MOTHER FATHER { 12. Name John H. Calvin

13. Birthplace Ky 1
(City, town, or county) (State or foreign country)

14. Maiden name Lea Spyers

15. Birthplace Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lambrey Beck

(b) Address Sikeston Mo

17. (a) Burial (b) Date thereof 2-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo

18. (a) Signature of funeral director Walah Funeral Home

(b) Address Sikeston Mo

19. (a) 2-20-48 (b) Mr. J. E. Henry
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 10

Of autopsy 10 15

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) accident

(b) Date of occurrence Feb 9, 1948 100

(c) Where did injury occur Sikeston Scott Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Neighbors home - fire
While at work? no (Specify type of place) (e) Means of injury _____

23. Signature Orville Taylor (M.D. or other) 3

Address Sikeston Mo Date signed 2-16-48

RECEIVED

District Health Office No. 2,

District File Number 248-283

Date Filed 2-25-48

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 Raymond Grewer

Licensed Embalmer No. 3467

P. O. Address Sibeston 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.