No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15214

FILED MAY 10 1948

Registration District No. 360 — Primary Registration District No. 3076 — Registrar's No. 79

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 822 E. Cherry St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community Some time years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Vernon 108
(c) City or town Nevada (If outside city or town limits, write "RURAL") 1
(d) Street No. 822 E. Cherry (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James Marion Calvin
3. (b) If veteran, name war no
3. (c) Social Security No.

4. Sex Male 0
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 Aug 29th, 1876 (Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Trading Post (City, town, or county) Kans. (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name James Calvin
13. Birthplace ✓ (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Sarah Logston
15. Birthplace ✓ (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs G. W. Gilmore
(b) Address Nevada, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Deepwood Cemet.
18. (a) Signature of funeral director Marsh Eschinger
(b) Address Nevada, Mo.
19. (a) 4-27-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 3311

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19 year 48 hour about 5 a.m.
21. I hereby certify that I attended the deceased from 23 Jan 1948 to 19 Apr 1948 that I last saw him alive on 18 APRIL 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis 18 Apr 48 Died Early am (5 AM) 1948	1 da
Due to arteriosclerosis & chr Myocarditis	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause of 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? Means of injury
23. Signature Rollo Gray (M. D. or other) MD
Address Nevada Mo. Date signed 4-23-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-48-47
Date Filed 5-7-48

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 Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.