

REC FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2717
Do not use this space.

1. PLACE OF DEATH
(a) County WENTZ Registration District No. 352
(b) Township BEAR CREEK Primary Registration District No. 5494
(c) City 1 Street No. 1 Registered No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(c) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LINNIE JANE CALHOUN
(a) Residence, No. PUTAK-HOME St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CLEMENT J. Calhoun
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 - 1856
7. AGE: YEARS 84 MONTHS 11 DAYS 18 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CAROL Co. MO

FATHER 13. NAME GEO. W. SAGESER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME MARY ANN KNOX

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) Mrs. W. W. SARGENT
Clinton Mo R. H 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Dearys Chapel DATE Jan 16 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Williams
Clinton Mo. 217

20. FILED 1-25 1941 W. E. Baggerly
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1941
22. I HEREBY CERTIFY, that I attended deceased from 1938 to Jan 13 1941
I last saw him alive on only 1941 Death is said to have occurred on the date stated above, at 7:30 pm
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
Date of onset 1938

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. B. Smith M. D.
(Address) Clinton, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 2-41-239

Date Filed 2-5-41

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.....

H. R. Vansant

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. R. Vansant

Licensed Embalmer No.....

3779

P. O. Address.....

Clinton, 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, above space should be left blank.