

FILED JAN 20 1947

Registration District No. 387

Primary Registration District No. 5488

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton RR # 4 9th  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 70 year  
In this community 70 year  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42  
(c) City or town Clinton Mo RR # 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME NANCY ANN CALVIRO

3. (b) If veteran? name war 3. (c) Social Security No.

4. Sex Fem 5. Color or race white 6. (a) Single, widowed, married, divorced Wid  
6. (b) Name of husband or wife FRANK M CALVIRO 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Oct 3 1856  
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 27 If less than one day hr. min.

9. Birthplace WARREN Co MO D  
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

11. Industry or business

MOTHER FATHER { 12. Name JOSEPH F BOYD  
13. Birthplace WARREN Co MO  
14. Maiden name ELIZABETH ADKINS  
15. Birthplace WARREN Co MO D  
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Calviro  
(b) Address Clinton Mo RR # 4

17. (a) Burial (b) Date thereof 1-1-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Connelley + Dec  
(b) Address Clinton Mo

19. (a) Dec 31-1944 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30  
year 1941 hour 6 minute 4 P.M.

21. I hereby certify that I attended the deceased from Dec 27 1941 to Dec 30 1941  
that I last saw her alive on Dec 30 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy  
Duration 3 da

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 430  
Of autopsy

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)  
(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?

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

23. Signature H. Kitchen (M. D. or other) M.D.  
Address Clinton Mo Date signed Dec 31 1941

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

RECEIVED

District Health Officer No. 7

District File Number 12-41-2176

Date Filed 1-13-42

**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

*J. E. Consolet*

Licensed Embalmer No.

1891

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, fact should be so stated above.**