. S. No. 2
M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27881

Registration District No. 137 | Primary Registration District No. 5506 | Registrar's No. 129

1. PLACE OF DEATH:
(a) County Henry (Rural)
(b) City or town Clinton Twp. RR 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Clinton R R 2 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 all life

2. USUAL RESIDENCE OF DECEASED: 42
(a) State Mo (b) County Henry
(c) City or town Clinton Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. R R H 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HELLIE CALVIN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Walter Calvin
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Aug (Month) 29 (Day) 1899 (Year)

8. AGE: Years 44 | Months 11 | Days 3 | If less than one day hr. min.
9. Birthplace Clinton (City, town, or county) Mo (State or foreign country)
10. Usual occupation House work
11. Industry or business
MOTHER FATHER
12. Name Sherman Banning
13. Birthplace Ill (City, town, or county) (State or foreign country)
14. Maiden name Martha McNeely
15. Birthplace Ark (City, town, or county) (State or foreign country)
16. (a) Informant Geo. Calvin
(b) Address Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood
18. (a) Signature of funeral director Consolvo & Beck
(b) Address Clinton Mo
19. (a) August 4, 1944 (Date received local registrar) Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3-44 year 1944 hour 8 minute PM P. M.
21. I hereby certify that I attended the deceased from July, 1944, to Aug. 3, 1944, that I last saw h[er] alive on Aug 2. 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to Apoplexy	
Due to Hypostasis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature Gus S Nesbit (M.D. or other)
Address Clinton Mo Date signed 8-4-44

1064 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
8-44-1039
9-11-44

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. Gonzales

Licensed Embalmer No. 1891

P. O. Address Clinton Miss

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.