

S. No. 2
1-1-1
7-5-17

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21984

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1038 Pennsylvania
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRENT FULL NAME Arthur Floyd Calentine.

8. (b) If veteran, name war No. 8. (c) Social Security No. 500-09-10

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie Calentine 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased July 16 - 1906
(Month) (Day) (Year)

8. AGE: Years 33 Months 11 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Joplin No. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business *** 0

12. Name Walter Calentine 0

13. Birthplace Joplin No. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mammie Bennett

15. Birthplace Joplin No. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mammi Calentine

(b) Address Joplin Mo

17. (a) Kinney Cem. (b) Date thereof 6-27th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinney Cemetery

18. (a) Signature of funeral director Hurlbut Undertaking

(b) Address Joplin Missouri

19. (a) 6-26-40 (b) Ed O'Harney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 25th 1940
2 year _____ hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on 6-25-40
and that death occurred on the date and hour stated above.

Immediate cause of death gunshot in chest - a 25 cal. Caliber
Automatic pistol
Due to suicide

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

Major findings: Of operations _____
Of autopsy Investigations

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) suicide

(b) Date of occurrence June 25 - 1940

(c) Where did injury occur? Joplin Joplin Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

23. Signature D. W. Winchester (a) Means of injury Gunshot
(M.D. or other)
Address Joplin Mo. Date signed 6-25-40

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

19
7
5

#5

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.....

Licensed Embalmer No. 4011

P. O. Address Joplin 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.

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DEPARTMENT OF COMMERCE
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Registration District No. 411

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ROWENA MOORE

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

1. PLACE OF DEATH:

(a) County Casper

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Arthur Floyd Calentine

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 25 year _____ hour _____ minute _____ M.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased: 7-16-06
(Month) (Day) (Year)

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

8. AGE: Years 33 Months 11 Days 10 If less than one day _____ hr. _____ min.

Due to _____

Due to _____ 167

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

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

10. Usual occupation _____

Major findings: _____ Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name _____

13. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. 6-26-40 (b) Ed W. James (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: suicide

(a) ~~Accident, suicide, or homicide~~ (Specify suicide)

(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) _____ (e) Means of injury _____

23. Signature J. M. Wenchester (Registrar's signature) _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL COPY

