

Registration District No. 75 **FILED JUL 17 1940**

Primary Registration District No. 3034

Registrar's No. 112

**1. PLACE OF DEATH:**  
 (a) County Randolph  
 (b) City or town Moberly  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: McCormick Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

**3. (a) PRINT FULL NAME** Mary Calicott 423  
**3. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security** \_\_\_\_\_  
 name war \_\_\_\_\_ No. \_\_\_\_\_

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married,** divorced married  
**6. (b) Name of husband or wife** William Calicott **6. (c) Age of husband or wife if** alive \_\_\_\_\_ years  
**7. Birth date of deceased.** Oct. 22<sup>nd</sup> 1892  
 (Month) (Day) (Year)

**8. AGE:** Years 47<sup>1/2</sup> Months 7 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) Mo

**10. Usual occupation** At home

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** David Henry  
**13. Birthplace** \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) Va  
**14. Maiden name** Fannie Macusha  
**15. Birthplace** \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) Ill.

**16. (a) Informant** William Calicott  
**(b) Address** Moberly Mo

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** June 15<sup>th</sup> 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Moberly

**18. (a) Signature of funeral director** Mohan and Son

**(b) Address** Moberly Mo

**19. (a) Date received local registrar** June 1-1940 **(b) Registrar's signature** Leah Williams

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Randolph  
 (c) City or town Moberly  
 (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.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 30<sup>th</sup>  
 year 1940 hour 5 minute 30 P. M.

**21. I hereby certify that I attended the deceased from** November 8<sup>th</sup> 1936, to May 30<sup>th</sup> 1940  
 that I last saw her alive on May 30<sup>th</sup> 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Internal injuries from fall in home from step ladder while papering. This was due to bleeding immediately from the system. She fell May 29, 1940 Due to 10:30 P.M.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 5-29-40

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

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

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

**23. Signature** Leah S. Jolly (M.D. or Other) 3

Address 201 W. Reed Moberly Mo Date signed 5-31-40

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

RECEIVED

District Health Officer No. 10

District File Number 7-40-1475

Date Filed JUL 15 1940

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**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 Frank S. DeWitt

Licensed Embalmer No. 3821

P. O. Address Moberly

**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.