

STANDARD CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution Boone County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community Two days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. Boone County Hospital
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HAROLD WAYNE CALVERT

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 9 year 1941 hour 1:30 minute AM

21. I hereby certify that I attended the deceased from May 9 1941 to May 7 1941

that I last saw him alive on May 19 1941 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive 1 years 7 months 1941 (Day) (Year)

7. Birth date of deceased May (Month) 7 (Day) 1941 (Year)

Immediate cause of death Premature birth aspect, 7 months

Due to Periparturient puerperal

Due to _____

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Boone County (City, town, or county) Mo (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 10

11. Industry or business: _____

MOTHER FATHER

12. Name Suwerett Calvert

13. Birthplace Boone County (City, town, or county) Mo (State or foreign country)

14. Maiden name Georgia Lebel Calvert

15. Birthplace Boone County (City, town, or county) Mo (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Suwerett Calvert

(b) Address Columbia, Mo. RFD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Spring Springs

18. (a) Signature of funeral director [Signature]

(b) Address Columbia, Mo

19. (a) 5/13/41 (Date received local registrar) (b) Albie Selby (Registrar's signature)

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? 74

While at work _____ (Specify type of place) Means of injury [Signature]

23. Signature [Signature] (M. D. [Signature])
Address Columbia Date signed _____

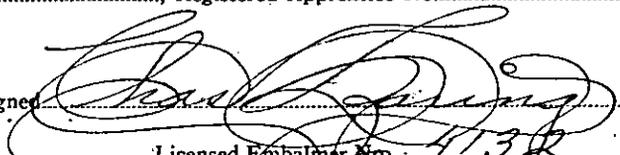
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10
4-130

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. 4132

P. O. Address Columbia, 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.