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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 22023

Registration District No. 464 Primary Registration District No. 4277 Registrar's No. 30

**1. PLACE OF DEATH:**

(a) County Lafayette

(b) City or town Odessa
(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 32 yr. / years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Lafayette 54 4

(c) City or town Odessa 0
(If outside city or town limits write "RURAL")

(d) Street No. 217 Wells St.
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Martha Calfee

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fem'l

5. Color or race White

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

6. (b) Name of husband or wife John C Calfee

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July (Month) 27 (Day) 1868 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 72 | 10 | 23 | hr. min. |

9. Birthplace 3 mi. South Clinton (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name L. W. Newell
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Helena Vernon
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant John C Calfee
(b) Address Odessa Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation Windsor Mo

18. (a) Signature of funeral director Blair & Sons
(b) Address Odessa Mo.

19. (a) 6/20/41 (Date received local registrar) (b) Mrs E. M. Goodwin (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 20 year 1941 hour 1 minute 45 a M.

21. I hereby certify that I attended the deceased from 5-19, 1941, to 6-20, 1941; that I last saw her alive on 6-19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Embolus of brain.

Due to Endocarditis ch.

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 92 F

Major findings:
Of operations

Of autopsy

Duration

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? 416 (e) Means of injury

23. Signature E. B. Herbert (M. D. or other) 0

Address Odessa Mo. Date signed 6/20/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-8-41

**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. 2945

P. O. Address Odessa, 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.**