

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28448

FILED AUG 29 1941

Registration District No. 378

Primary Registration District No. 4222

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Howard

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Fayette
(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.? 0 years.

3. (a) PRINT FULL NAME James Edward Calhoun

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day Tenth year 1941 hour 10:30 minute _____ M.

4. Sex Male

5. Color, or race Black

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

6. (b) Name of husband or wife Sallie Calhoun

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

21. I hereby certify that I attended the deceased from November, 1940, to July 9, 1941; that I last saw him alive on July 9, 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>5</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of the larynx

Duration 7 mo.

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

10. Usual occupation Laborer

Due to _____

Due to _____

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

Duration 1 week

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy None

16. (a) Informant Sallie Calhoun

(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 7-11th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery, Guy T. Halley.

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette, Mo.

19. (a) 8-4-41 (b) Lee P. Tisdell
(Date received local registrar) (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? _____

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

23. Signature Lee Bloom (M. D. or other) M.D.

Address Lee Hospital, Fayette Date signed 7-10-

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-27-41

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.

P. O. Address.....

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.