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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31614

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 34

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Warrenton
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 109
(a) State Missouri (b) County Warren /
(c) City or town Warrenton 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William E. Calvert
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Custer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 23, 1856 (Month) (Day) (Year)
8. AGE: Years 86 Months 3 Days 8 If less than one day hr. min.
9. Birthplace Kentucky / (City, town, or county) (State or foreign country)
10. Usual occupation Retired businessman
11. Industry or business
FATHER 12. Name Calvert
13. Birthplace Kentucky / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Donna Calvert
15. Birthplace Kentucky / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Wm. E. Calvert
(b) Address Warrenton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation Warrenton, Mo.
18. (a) Signature of funeral director Furnishing Co.
(b) Address Warrenton, Mo.
19. (a) 9/4/42 (Date received local registrar) (b) John A. Bebermeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1942 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from June 15 1938 to Aug 31 1942 that I last saw him alive on Aug 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia following Duration
Due to Obstruction of bladder (prostate) Duration
Due to Dyspnea due to senile lesions of lungs Also he suffered from dyspnea the Duration
Due to Past 3 or 4 years Duration
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

132.2

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? (e) Means of injury
23. Signature John H. Dyer (M. D. or other)
Address Warrenton, Mo. Date signed 9/2/42

1264 (Licensed Embalmer's Statement on Reverse Side)

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, ...

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John F. Nielsen

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.