

FILED FEB 15 1943

Registration District No. 137

Primary Registration District No. 4213

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town MONTEROSS  
(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 16 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Montross  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country No.

3. (a) PRINT FULL NAME EDNA LEO CALVER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sybil Calver 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased Nov 8 1903  
(Month) (Day) (Year)

8. AGE: Years 39 Months 2 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pleasant Gap, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name J. H. Calver

13. Birthplace Pleasant Gap, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Jarvis

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

16. (a) Informant J. H. Calver

(b) Address Montross, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 29 1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation Appleton City, Mo.

18. (a) Signature of funeral director Oscar Schaff

(b) Address Appleton City, Mo.

19. (a) Jan. 29, 1943 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27  
year 1943 hour 5 minute 15 a.m.

21. I hereby certify that I attended the deceased from Jan 20 to Jan 27, 1943  
that I last saw him alive on Jan 27, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to Exposure to influenza and bronchitis

Other conditions (Include pregnancy within 3 months of death) 108

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

Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

23. Signature R. L. Hanson (M.D. or other) M.D.  
Address Appleton City, Mo. Date signed 1-28-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 2 1943

RECEIVED

District Health Officer No. 7

District File Number 1-43-132

Date Filed 2-9-43

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 Osborn Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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.