

FILED FEB 1 1944  
Registration District No. **338**

Primary Registration District No. **3006-5720**

Registrar's No. **319**

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: **no**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **life** (Specify whether years, months or 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. **305 Mc Alister**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **no**

3. (a) PRINT FULL NAME **Jacob B Calvert**  
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec** day **24<sup>th</sup>**  
year **1943** hour **12:30** minute **AM**  
21. I hereby certify that I attended the deceased from **Sept 1** 1943 to **Dec 24** 1943  
that I last saw him alive on **Dec 24** 1943  
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Maggie Howard** 6. (c) Age of husband or wife if alive **1869** years  
7. Birth date of deceased **Feb 3** (Month) (Day) (Year)

Immediate cause of death: **Carcinoma of Liver**  
(Primary)

8. AGE: Years **74** Months **10** Days **21** If less than one day br. min.

Due to **46 f**

9. Birthplace **Montgomery Co Mo Ill.** (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Farming**

Major findings: Of operations **✓**

11. Industry or business

Of autopsy **✓**

12. Name **James Wesley Calvert**

13. Birthplace **D N** (City, town, or county) (State or foreign country)

14. Maiden name **Diele Ann Doddson**

15. Birthplace **D N** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs John Crane**

(b) Address **10 N 1st St Columbia Mo**

17. (a) **Burial** (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation **Nashville Cem**

18. (a) Signature of funeral director **R. O. Willett**

(b) Address **Columbia**

19. (a) **12-26-43** (b) **Edna H. Barber** (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 **J. C. Siggott** (M. D. or other) **M.D.**

Address **Columbia** Date signed **12/26/43**

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1262

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

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

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.**