

Registration District No. 42

Primary Registration District No. 5134

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph (Rural) Wash. Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R. R. # 6
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. Route 6
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rhoda J. Calhoun

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 9

6. (b) Name of husband or wife John Calhoun 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 30, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 15 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business own home

12. Name Jasper Stanton

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

14. Maiden name Mary Koger

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

16. (a) Informant Mrs. E. E. Shepherd
 (b) Address Route 6, St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 17, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Kalb, Mo.

18. (a) Signature of funeral director Carl Mortuary

(b) Address 5025 King Hill, St. Joseph, Mo.

19. (a) 1-17-44 (b) Arse Heizer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
 year 1944 hour 2 55 minute a M.

21. I hereby certify that I attended the deceased from Nov 14 1943 to Jan 15 1944
 that I last saw or alive on Jan 14 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 3 da

Bronchial pneumonia
 Due to Chronic myocarditis ?

Due to Hypertensive arteriosclerotic cardiovascular disease

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

Major findings: 938
 Of operations _____

Of autopsy _____

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? _____

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

23. Signature [Signature] (M. D. or other) _____

Address St. Joseph, Mo. Date signed 1-15-44

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Earl Clark

Licensed Embalmer No.....

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P.O. Address.....

St. Joseph

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.