

FILED MAY 5 1944  
 Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
 (a) County **Jackson**  
 (b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Children's Mercy Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **4 days, 5 hours.**  
(Specify whether years, months or days)  
 In this community **4 days, 5 hours.**

3. (a) PRIME FULL NAME **Jessie Jess Calvin**  
 3. (b) If veteran, name war **no**  
 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Aug. 29 1943**  
(Month) (Day) (Year)

8. AGE: Years **7** Months **26** Days **28** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Child**

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

MOTHER FATHER  
 12. Name **Jessie Calvin**  
 13. Birthplace **Santas Fees** **Missouri**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Jessie Alvarez**  
 15. Birthplace **Quincy Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jessie Calvin**  
 (b) Address **Box 26 Atherton, Mo.**

17. (a) **Burial** (b) Date thereof **4-28-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cem**  
 18. (a) Signature of funeral director **George P. Cannon**  
 (b) Address **Independence, Mo**

19. (a) **4-27-44** (b) **D. E. Brown**  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **48**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Atherton**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **Box 26**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **27** year **1944** hour **10** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 22,** 1944, to **April 27,** 1944.  
 that I last saw her alive on **April 27,** 1944, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Meningitis (most probable) 9 days**  
**Kind Tubercular**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations **14**  
 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 **H. W. Smith** (M. D. or other) \_\_\_\_\_  
 Address **16240 1/2 Bldg.** Date signed **4/27/44**

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**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 *Floyd C. Carson*

Licensed Embalmer No. *1198*

P. O. Address *Independence*

**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.**