

FILED OCT 11 1944

Registration District No. 337

Primary Registration District No. 4490

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

1. PLACE OF DEATH:

(a) County Shelby Co.

(b) City or town Bethel Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community Entire life  
years, months or days

3. (a) PRINT FULL NAME Thelma Marie Calvin

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cecil Calvin

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased May 31st 1913  
(Month) (Day) (Year)

8. AGE: Years 31 Months 3 Days 2  
If less than one day hr. min.

9. Birthplace Shelby Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife  
Same

11. Industry, or business

12. Name J. W. Weekley

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

14. Maiden name Amanda F. Biggs

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

16. (a) Informant Cecil Calvin

(b) Address Mc Bane Mo.

17. (a) Burial (Burial, cremation, or removal) X (b) Date thereof 9-5-1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Shelbyville, Mo.

18. (a) Signature of funeral director William Barkley  
Shelbyville, Mo.

(b) Address 445 44

19. (a) Oct 5 44 (Date received local Registrar)

(b) Madge Good (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby Mo.

(c) City or town Bethel, Mo.  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3  
year 1944 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Aug 27  
1944 to Sept 3 1944  
that I last saw her alive on Sept 3 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Lungs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: 1381  
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)

(e) Means of injury \_\_\_\_\_

23. Signature W. H. ... (Physician's signature)  
Address Bethel Mo. Date signed Sept 11

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 10  
District File Number 10-44-1724  
Date Filed OCT 10 1944

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 Ed W. Hawkins  
Licensed Embalmer No. 3498  
P.O. Address Shelburne Md

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.