

Registration District No. 297

Primary Registration District No. 6222

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
2 miles east of Richmond /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 6 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Ray *89*

(c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles east of Richmond
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Myrtle May Calvert

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Rusian Calvert

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased December 1, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>17</u>	hr. _____ min.

9. Birthplace Bath County, Ky. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

MOTHER { 12. Name L.P. Heddings

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

14. Maiden name Louellian Vice

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

16. (a) Informant Rusian Calvert

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 11/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Quest-Lile F. Home

(b) Address Richmond, Mo.

19. (a) Nov 25-46 (b) Malu Jackson
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th
year 1946 hour 8 minute 10 P M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw her alive on November 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations *839*

Of autopsy _____

PHYSICIAN

Duration _____

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 E. E. Ray (M. D. or other) M. D.

Address Cay Bldg., Richmond, Mo. Date signed 11/22/46

279

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
36850

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-11-46

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 James J. Quest
Licensed Embalmer No. 4096
P. O. Address Richmond

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.