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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9761**

FILED MAR 13 1948

Registration District No. **280**

Primary Registration District No. **4493**

Registrar's No. **6**

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

1. PLACE OF DEATH:

(a) County **Platte**

(b) City or town **Weston**
Weston

(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 **none**
(Specify whether years, months or days)

In this community **entire life**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Platte**

(c) City or town **Weston**
(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 _____

3. (a) PRINT FULL NAME **Richard Waller Calvert**

3. (b) If veteran, name war **XX**

3. (c) Social Security No. **XX**

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **May Brashear**

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

7. Birth date of deceased **Oct. 12 1858**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	4	11	hr. _____ min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business _____

MOTHER, FATHER {

12. Name **Benuamin Calvert**

13. Birthplace **unknown Va.**
(City, town, or county) (State or foreign country)

14. Maiden name **Manda Honeyman**

15. Birthplace **unknown Va.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Calvin Murphy**

(b) Address **Weston, Missouri**

17. (a) **Burial** (b) Date thereof **Feb. 25-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Ridge Cem.**

18. (a) Signature of funeral director **Vaughn Funeral Home**

(b) Address **Weston, Missouri**

19. (a) **3-2-48** (b) **Opina Ballin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **23**
year **1948** hour **3** minute **15** p. M.

21. I hereby certify that I attended the deceased from **January 27**
19 **48** to **February 23 1948**
that I last saw him alive on **February 23** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Chronic prostatitis, & Urosepsis
Acute otitis media.

Due to **Arteriosclerosis** **5 yrs**
10 yrs

Due to **xxxx**

Other conditions **xxx**
(Include pregnancy within 3 months of death)

Major findings: **None**

Of operations **None**

Of autopsy **None**

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

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) **XXXX**

(b) Date of occurrence **XXXX**

(c) Where did injury occur **XXXX**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
XXXX

(Specify type of place)

While at work? **XXXX** (e) Means of injury **XXXX**

23. Signature **Lewis P. Calvert** (M. D. or other)
Address **Weston Missouri 2/27/48**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-17-48.....

DEC 18 1957

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 W. P. Saugh.....

Licensed Embalmer No. 4023.....

P. O. Address Weston, Mo......

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.