

FILED MAY 11 1948

Registration District No. 27

Primary Registration District No. 3023

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Whetzel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community Most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Osceola
(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 Lester H. Calvird

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Calvird 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased March 10 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 1 24 hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business

MOTHER FATHER { 12. Name Henry S. Calvird
13. Birthplace Lebanon Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Della May Urich
15. Birthplace Osceola Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Calvird
(b) Address Osceola Missouri
17. (a) Burial (b) Date thereof 5/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Osceola Cemetery

18. (a) Signature of funeral director F.B. Goodrich
(b) Address Osceola Missouri

19. (a) 5-6-48 (b) R. B. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1948 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 6, 1948 to May 4, 1948
that I last saw him alive on May 4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Adenocarcinoma of the small intestine with metastasis to the liver
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
4/6

Of autopsy

Duration

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 2

23. Signature R. B. Kenney (M. D. or other)

Address Osceola, Mo. Date signed 5/11/48

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

RECEIVED

District Health Officer No. 7,

District File Number 4-48-490

Date Filed 5-10-48

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.....

Licensed Embalmer No. 3038

P. O. Address Osceola 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.