No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1948

Registration District No. 2944

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 33685

Registrar's No. 198

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 706 So. Kentucky (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 706 So. Kentucky (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Edwin L. Calvert
3. (b) If veteran, name war .....
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: Ollie
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: Dec (Month) 4 (Day) 1868 (Year)

8. AGE: Years 79 Months 10 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace: Greenridge (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Fuel & Ice Dealer
11. Industry or business .....
FATHER
12. Name: James M. Calvert
13. Birthplace: (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name: Nancy Botts
15. Birthplace: (City, town, or county) Tenn (State or foreign country)

16. (a) Informant: Mrs. A. R. Beach
(b) Address: 706 S. Kentucky Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill
18. (a) Signature of funeral director: McLaughlin Bros
(b) Address: Sedalia Mo
19. (a) 10-14-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1948 hour 1:30 minute a M.
21. I hereby certify that I attended the deceased from June, 1948 to Oct 13, 1948, that I last saw him alive on Oct 12, 1948, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Hemiplegia | 18 mos |
| Due to: Cerebral hemorrhage | |
| Due to: Hypertension | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: .....

23. Signature: A. L. Walter (M. D. or other) M.D.
Address: Sedalia Mo Date signed 10-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-19-48

OCT 22 1948

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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 K. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.**