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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6713

FILED MAR 14 1942

State File No. _____

Registration District No. 212

Primary Registration District No. 3014

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 19 years
years, months or days)

3. (a) PRINT FULL NAME David B. Calhoun

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jennie Calhoun 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 6 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 30 If less than one day _____ hr. _____ min.

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

10. Usual occupation Real Estate Salesman

11. Industry or business _____

12. Name James Calhoun

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

14. Maiden name Jane Byron

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

16. (a) Informant Mrs. D.B. Calhoun

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Feb 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director Thos J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 2/6/41 (b) D. B. Calhoun
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 603 East High Street
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1941 hour 1 minute A M.

21. I hereby certify that I attended the deceased from _____, 1937, to Feb 5, 1941;

that I last saw him alive on Feb 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial pneumonia Duration 4 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature D. B. Calhoun (M. D. or other) DMO

Address Jefferson City, Mo Date signed 2/6/41

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

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

Thos J. Corcoran

Licensed Embalmer No. *1786*

P.O. Address

Jefferson City 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.