

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12626

Dr. Aldridge 26 APR 26 1946  
 Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Cole  
 (b) City or town Jefferson City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
601 East High Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 21 years  
 years, months or days

3. (a) PRINT

FULL NAME Mrs. Jennie Calhoun

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife D.B. Calhoun

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

7. Birth date of deceased October 19 1877  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 5 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Not Known

13. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant James L. Calhoun

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date of death Apr-20-1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director John J. Gordin

(b) Address Jefferson City, Missouri

19. (a) 4-19-46 (b) Dr. P. Davis  
 (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. 601 East High Street  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
 year 1946 hour \_\_\_\_\_ minute 6 A M.

21. I hereby certify that I attended the deceased from Deaf when Thruwed  
 that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Valvular heart

Other conditions Arterio Sclerosis  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 94  
 Of autopsy \_\_\_\_\_

Duration

Sudden

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 3

23. Signature Dr. Leslie Coronor  
 Address Jeff City MO Date signed 4-18-46

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

11531

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-25-46

APR 25 1946

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.....

*Omer R. Jones Jr.*  
*4411*

Licensed Embalmer No.....

P. O. Address.....

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.