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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 488

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 3

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

1. PLACE OF DEATH:  
(a) County Carroll  
(b) City or town Carrollton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Statons Hospo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Carroll  
(c) City or town Waverda  
(If outside city or town limits, write "RURAL")  
(d) Street No. unnamed (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUISA MATILDA CALVERT  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Fe! 5. Color or race W  
6. (a) Name of husband or wife G. E. Calvert 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased 48 (Month) 1 (Day) 2 (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 8 year 1948 hour 3:32 minute 8 A.M.  
21. I hereby certify that I attended the deceased from Jan 6, 1948 to Jan 8, 1948  
that last saw her alive on Jan 8, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Burns  
Duration 2 da,

8. AGE: Years 48 Months 0 Days 2 If less than one day hr. min.  
9. Birthplace Pike County, Mo. (City, town, or county) (State or foreign country)  
10. Usual occupation at home  
11. Industry or business \_\_\_\_\_  
12. Name Levi Wheeler  
13. Birthplace Carroll Co Mo (City, town, or county) (State or foreign country)  
14. Maiden name Sarah Wheeler  
15. Birthplace Carroll Co Mo (City, town, or county) (State or foreign country)  
16. (a) Informant G. E. Calvert  
(b) Address Waverda Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-48 (Month) (Day) (Year)  
(c) Place: burial or cremation Adkins Cem  
18. (a) Signature of funeral director Stanley J. Urban  
(b) Address Carrollton Mo  
19. (a) 1/10/48 (Date received local registrar) (b) Mo Herbert Calvert (Registrar's signature)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 180-1  
v. Of operations 175  
Of autopsy \_\_\_\_\_  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Jan 16 1948  
(c) Where did injury occur Waverda, Carroll Mo (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
While at work? yes (Specify type of place) (e) Means of injury Burns  
23. Signature J. Hamilton (Physician) or other \_\_\_\_\_  
Address Carrollton, Mo Date signed 1/10/48

MOTHER FATHER

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

**RECEIVED**

District Health Officer No. 8

District File Number.....

Date Filed 2-11-48

**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.....

Harry H. Mattox....., Registered Apprentice No. 501  
working under my personal supervision.

Signed Ben W. Gibson.....

Licensed Embalmer No. 2961.....

P. O. Address Carrollton, N.C.

**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.**