

REC'D DEC 13 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39748

Do not use this space.

## 1. PLACE OF DEATH

(a) County Madison Registration District No. 538  
(b) Township P.O.K. Primary Registration District No. 5729  
(c) City Roselle (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

245 Pocahuntas McCallum  
(a) Residence, No. Roselle Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>fem</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Newton McCallum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19, 1859</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>4</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>house wife</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as saw mill, bank, etc. <u>retired</u>		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co. Mo.</u>		
13. NAME <u>Lloyd Furgeson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
15. MAIDEN NAME <u>Elizabeth Ward</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
17. INFORMANT <u>Miss Ona McCallum</u> (ADDRESS) <u>4 Carpswold St. Louis Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fredericktown Mo. Nov 3, 1938</u>		
19. FUNERAL DIRECTOR <u>Norman Whitte &amp; Sons</u> (ADDRESS) <u>Ironton Mo.</u>		
20. FILED <u>Nov 3, 1938</u> <u>S. A. S. Clamphin</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 29, 1938, to Oct 30, 1938, 1938  
I last saw him alive on Oct 29, 1938. Death is said to have occurred on the date stated above, at 1:00 A.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage  
Date of onset Oct 29

Other contributory causes of importance:

Hypertension with indigestion

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) S. Clamphin, M. D.

(Address) Fredericktown Mo.

May 21, 1938  
Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

DOM-7-20-37

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**