

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

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.

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

40589
Do not use this space.

DEC 16 1938

1. PLACE OF DEATH

(a) County Vernon Registration District No. 872
 (b) Township Duwood Primary Registration District No. 6156A Registered No. 33
 (c) City Milo (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

145 Fannie Callett Lafflin
 (a) Residence, No. Milo 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. H. Lafflin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5 - 1857
 7. AGE YEARS 81 MONTHS 9 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bond Co. Ill. 1

FATHER 13. NAME Samuel G. Callett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ohio 1

MOTHER 15. MAIDEN NAME Margaret Raley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Ohio 1

17. INFORMANT (ADDRESS) J. M. Lafflin Milo, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Milo Cemetery DATE Nov. 12, 1938

19. FUNERAL DIRECTOR (ADDRESS) G. B. Beeny & Sons Sheldon Mo

20. FILED Nov 12, 1938 Mrs R. S. Earl Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1938, to Nov. 10, 1938
 I last saw her alive on Nov. 8, 1938. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:

Enterotitis Colitis Date of onset _____
Diabetes _____
 Other contributory causes of importance: 54

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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? _____
 If so, specify _____
 (Signed) C. L. Keithley, M. D.
 (Address) Milo Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-38-554

Date Filed 12-12-38

STATEMENT BY LICENSED EMBALMER

I, Carroll T. Beery, Licensed Embalmer No. 2385

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Carroll T. Beery

Licensed Embalmer No. 2385

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.)