

3RD JUL 10 1939

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

21229
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100
 (c) City Kansas City (d) Street No. 1310 East 9th St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

Registered No. 2497

2. PRINT FULL NAME

407 Mrs Justine Callaway
 (a) Residence, No. 1310 East 9th St St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles N Callaway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 4 19

OCCUPATION 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) Talihina, Okla.

FATHER 13. NAME Joseph A. Dukes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Talihina, Okla.

MOTHER 15. MAIDEN NAME Willie May Powers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellis County Texas

17. INFORMANT (ADDRESS) Mrs Joseph A Dukes Talihina, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Removal Park N. O. R. June 21, 39 DATE

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thomas C. Duke 436 Hoover Ave

20. FILED June 20, 39 M. M. Corone Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16-39

22. I HEREBY CERTIFY that I attended deceased from 12:00 a.m. to 12:00 a.m., 1939

I have seen the body alive on 6-16-39 Death is said to have occurred on the date stated above, at 12:00 a.m.

The principal cause of death and related causes of importance were as follows:

Acute poisoning

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6-16-39

Where did injury occur? H.C. Mo. (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 _____ M. D.
Dr. J. H. Miller
Dr. J. H. Miller (Address) San Diego, A. P. Mo.

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.

I X16605

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.....

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, above space should be left blank.