

Form 17 1940

Registration District No. 494

Primary Registration District No. 3025

Registrar's No. 113

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 yrs _____ (Specify whether)
years, months or days 215

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn
(c) City or town Brookfield Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME William Franklin McCallum
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 10
year 1929 hour 3 minute 45 a.
21. I hereby certify that I attended the deceased from Dec 1
1929 to 12-10-1929
that I last saw him alive on 12-10 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ellie Nancy McCallum 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased July 31 1856
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Rectum Duration 2 yrs?
Due to _____
Due to Hb
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 83 Months 4 Days 9 If less than one day _____ hr. _____ min.
9. Birthplace Linn Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically

11. Industry or business _____
12. Name William David McCallum
13. Birthplace Don't know
(City, town, or county) (State or foreign country)
14. Maiden name Martha Ann McCallum
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eddie L McCallum
(b) Address Kansas City 19 mos.
17. (a) Burial (b) Date thereof Dec 12 1929
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet
18. (a) Signature of funeral director as M Laughlin
(b) Address Marion Mo 4015
19. (a) Dec 12 29 (b) Prothman
(Date received local registrar) (Registrar's signature)

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? _____
(Specify type of place) _____
While at work? _____ (a) Means of injury _____
23. Signature W. E. Smith (M. D. or other) P. P.
Address Brookfield Mo Date signed 12/12

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.

RECEIVED

District Health Officer No. 111

License No.

DATE TO EXPIRE JAN 13 1948

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..... Dale Bunch

Licensed Embalmer No..... 4088

P. O. Address..... Marschall, Mo.

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.