No. 2
-10-39
17-39
X21492

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

NOV 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36610

Registration District No. 875 Primary Registration District No. 3039 Registrar's No. 259

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada - 625 W. Walnut
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution D (Specify whether years, months or days)

In this community Thirteen years

2. USUAL RESIDENCE OF DEASCED:

(a) State Missouri (b) County Vernon

(c) City or town Nevada
(If outside city or town limits write "RURAL")

(d) Street No. 625 W. Walnut
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME William Anderson McCallister

3. (b) If veteran, name war Civil

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife Jennie McCallister

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Dec (Month) 9 (Day) 1845 (Year)

8. AGE: Years 94 Months 10 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace Mt Jefferson (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Stockman

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ivan J Myers

(b) Address Horton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen V Boyd

(b) Address Nevada Mo.

19. (a) Oct 18 1940 (Date received local registrar) (b) Allen V Boyd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1940 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 6, 1940, to Oct 16, 1940; that I last saw ~~him~~ alive on Oct 16, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Endocarditis	?
Due to: RHD	
Due to:	
Other conditions: Hypostatic Pneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

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? NO

While at work? (Specify type of place) (e) Means of injury

23. Signature J S McVeen (M. D. or other)

Address Nevada Mo Date signed Oct 20 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-40-1026
Date Filed 11-4-40

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.