

NEW JAN 10 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1641

Registration District No. 29

Primary Registration District No. 4021

Registrar's No. 57

1. PLACE OF DEATH

(a) County Barry
(b) City or town Cassville
(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 _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Unknown Infant

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased about Dec 5, 1940 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 9 hr. _____ min.

9. Birthplace Cassville Missouri (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Unknown
13. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) Burial (b) Date thereof 12/6/40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pipers field - County Farm

18. (a) Signature of funeral director Boon Funeral Home

(b) Address Cassville, Missouri

19. (a) 12-6-40 (b) Scors Newman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Cassville (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A? ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5th year 1940 hour ✓ minute ✓ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pending investigation Duration

Due to _____

Due to 165

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) MURDER
(b) Date of occurrence Nov 5th 1940
(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? ✓ (c) Means of injury ✓

23. Signature David H. Gallaway (M.D. or other) coroner
Address Monett, Mo Date signed 12-7-40

ESTABLISHED 1890

CALLAWAYS

FURNITURE
FUNERAL DIRECTORS

MONETT, MISSOURI

February 1st 1941

Investigation showed that the mother of this child
strangled it to death and threw it in Flatt Creek.

She is under arrest and her trial comes up in the
March term of Barry County Circuit Court.

Yours very truly

D. H. Callaway

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.