

MAY 13 1941

## STANDARD CERTIFICATE OF DEATH

State File No.

15426

Registration District No. 1102

Primary Registration District No. 5870

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County PENISCOTT  
 (b) City or town WHITE OAK MO - RURAL  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: PASCOLA

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

- (d) Length of stay: In hospital or institution \_\_\_\_\_
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- (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days3. (a) PRINT FULL NAME ROFUS HENRY McCALLISTER3. (b) If veteran,  
name war NO3. (c) Social Security  
No. NONE4. Sex MALE  
5. Color or  
race WHITE6. (a) Single, widowed, married,  
divorced MARRIED6. (b) Name of husband or wife  
NORA McCALLISTER6. (c) Age of husband or wife if  
alive 46 years7. Birth date of deceased  
APRIL 8 1884  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
56 8 22 hr. \_\_\_\_\_ min.9. Birthplace FAULKNER CO ARK  
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

## 11. Industry or business

12. Name JAMES E. McCALLISTER13. Birthplace Ark.  
(City, town, or county) (State or foreign country)14. Maiden name Ark.  
(City, town, or county) (State or foreign country)15. Birthplace Ark.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Nora McCallister(b) Address White Oak, MO17. (a) RURAL (b) Date thereof 12-31-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. James' P.R. Church(a) Signature of funeral director George Russell(b) Address Signet, Ark.19. (a) May 5 41 (b) James P. R. Cole  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County PENISCOTT(c) City or town WHITE OAK - RURAL  
(If outside city or town limits, write "RURAL")(d) Street No. 6 mi East of White Oak.  
(If rural, give location)

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 29  
year 1940 hour 10 minute \_\_\_\_\_ P.M.21. I hereby certify that I attended the deceased from Dec 29  
1940 to Same Date 1940  
that I last saw him alive on Dec 29  
and that death occurred on the date and hour stated above. 1940

Immediate cause of death

Pneumococcus Pneumonia  
5 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Bronchitis 3 years  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

## 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?  
591While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_23. Signature George Williams (M. D. or other) DOAddress 7 Bennett - 720 Date signed Jan 7-41

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.

5-41-20

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**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.**