

No. 2
13-40
7-39
X23159

FILED JUL 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22103

State File No. _____

Registration District No. 508

Primary Registration District No. 3026

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1101 Cooper St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. ✓
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

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

(d) Street No. Jackson Hwy
(If rural, give location)

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

3. (a) PRINT FULL NAME Hanna Jane McCallum

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 2
year '41 hour 3 minute 15 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William H. McCallum

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec. 22 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 29, 1941 to July 2, 1941, that I last saw her alive on July 1, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

77 6 10 ✓ hr. ✓ min.

Immediate cause of death Stroke
frustration

Due to Stroke

9. Birthplace Linn Co. Mo.
(City, town, or county) (State or foreign country)

Due to Stroke

Other conditions 107
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Benjamin Dargatzis

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

14. Maiden name Dargatzis

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

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant Loretta M. Pond

(b) Address 1101 Cooper St.

17. (a) Burial (b) Date thereof 7/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Albans

18. (a) Signature of funeral director James D. Gordon

(b) Address Chillicothe, Mo.

19. (a) 7-2-41 (b) H. M. Grace, M.D.
(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?
943 (Specify type of place)
While at work? (e) Means of injury Stroke

23. Signature H. M. Grace, M.D. (M. D. or other)
Address Chillicothe, Mo. Date signed 7/2/41

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

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

James Gordon

Licensed Embalmer No. *1470*

P. O. Address

Bellevue, M.

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, fact should be so stated above.