

No. 2
1-4-41
-17-39
X2539

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25808

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 226

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bothwell Memorial Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 17 days Hospital

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. RPD # 3, Sedalia, Mo.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Robert Callaway

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-10-5024

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bernice 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased April 11 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>2</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Dist. Storekeeper WPA

11. Industry or business _____

12. Name Thomas A. Callaway

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

14. Maiden name Rose Theden

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

16. (a) Informant Mrs. Bernice Callaway
(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 7/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peculiar, Missouri
Gillespie Funeral Home

18. (a) Signature of funeral director Sedalia, Missouri
(b) Address _____

19. (a) 7/12/41 (b) Mrs Harry Sneed
(Date received local registrar) (Registrar's signature)

906 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12
year 41 hour 6 AM minute _____ M.

21. I hereby certify that I attended the deceased from 6/30, 1941 to 7-12, 1941
that I last saw him alive on 7/12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death peritonitis

Due to Colostomy

for Cancer of sigmoid

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

Major findings: tumor Mass - 7 in. long of upper sigmoid
Of operations _____
Of autopsy same

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? _____ (e) Means of injury _____

23. Signature Dr. J. H. Sneed (M. D. or other) _____

Address Sedalia Mo Date signed 7/12/41

Duration

2 da.

2 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

SEP 5 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-6-8

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 L. E. Boulchin
Licensed Embalmer No. 3867
P. O. Address Sedalia 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, fact should be so stated above.