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-39  
K28390

FILED DEC 6 1941

Registration District No. **684**

Primary Registration District No. **384078**

**1. PLACE OF DEATH:**

(a) County Pike

(b) City or town Bowling Green, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pike 87

(c) City or town Bowling Green 1  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** REV. WILLIAM S. CALLAWAY

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 married

6. (b) Name of husband or wife Ida Callaway 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: June 27 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>4</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Calhoun county, Illinois!  
(City, town, or county) (State or foreign country!)

10. Usual occupation Baptist Minister

11. Industry or business \_\_\_\_\_

**MOTHER** { 12. Name Charley Callaway

13. Birthplace not known Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Harrel

15. Birthplace not known Illinois!  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Callaway

(b) Address Bowling Green, Mo.

17. (a) Burial (b) Date thereof: Nov 23 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet cemetery

18. (a) Signature of funeral director Ray B. Schwartz

(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) Nov 25 1941 (b) \_\_\_\_\_  
(Date received local registrar) (Date of death)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 21st  
year 1941 hour 11:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from Feb 1941  
to Nov 20 1941  
that I last saw him alive on Nov 20 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Colon Duration \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_  
(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? \_\_\_\_\_

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

23. Signature W. S. Callaway (M. D. or other) MD.  
Address Elberry Mo Date signed 11-22-41

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

RECEIVED

District Health Officer No. 10

District File Number 12-4-2122

Date Filed DEC 3 1941

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.....

*Cecil E. Schwartz*  
working under my personal supervision.

Registered Apprentice No. 2338

Signed *Cecil E. Schwartz*

Licensed Embalmer No. 23380

P.O. Address Hannibal, Mo

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

If this body is not embalmed, fact should be so stated above.