

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3996

FILED FEB 11 1942

Registration District No. 878

Primary Registration District No. 6203

Registrar's No. 6

12
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Webster
 (a) County
 (b) City or town: Hardland Co. Mo.
 (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: 46 years
 (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME: Harry C. Callender
 3. (b) If veteran, name war:
 3. (c) Social Security No.:

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: Jan. day: 16
 year: 1942 hour: 12:45 minute: A.M.

4. Sex: Male
 5. Color or race: white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife:
 6. (c) Age of husband or wife if alive: years

21. I hereby certify that I attended the deceased from June 1940 to 1-16 1942
 that I last saw him alive on 1-16 1942
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: July 31 1882
 (Month) (Day) (Year)
 8. AGE: Years: 59 Months: 5 Days: 14
 If less than one day: hr. min.

Immediate cause of death: Interstitial Nephritis chronic
 Duration: 17 mo.

9. Birthplace: Woodbine Iowa
 (City, town, or county) (State or foreign country)

Due to:
 Due to:

10. Usual occupation: Mail messenger
 BY LICENSED EMBALMER

Other conditions: (Include pregnancy within 5 months of death)
 12/a

MOTHER FATHER
 11. Industry or business:
 12. Name: W. J. Callender
 13. Birthplace: Racine, Wis.
 14. Maiden name: Mrs. Jackson
 15. Birthplace: N.Y.

Major findings: Of operations: no
 Of autopsy:
 Underline the cause to which death should be charged statistically.

16. (a) Informant: M. G. Catudyn
 (b) Address: Hardland Mo.
 17. (a) Burial, (b) Date thereof: 1-17-1942
 (c) Place: burial or cremation: Hardland Cemetery

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?

18. (a) Signature of funeral director: Memahan & Watson
 (b) Address: 720
 19. (a) 1-23-42 (b) Susie B. Beusler
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)
 (e) Means of injury:
 23. Signature: Howard M. Mason (M. D. or other)
 Address: Hardland, Mo. Date signed: 1-23-42

1041

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 242-202

Date Filed FEB 10 1942

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, fact should be so stated above.