. No. 2
-4-13-40
S-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

# MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

10128
State File No.

Registration District No. 67 Primary Registration District No. 5102C Registrar's No. 8

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

009 0 0

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Rural Lorance Twp.
(If outside city or town limits, write "RURAL" and name of township)
(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 / (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Bollinger 009 5 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Near Lutesville, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Loyd Dewey Call

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie Call
6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Feb. (Month) I3 (Day) I900 (Year)

8. AGE: Years 42 | Months I | Days -- | If less than one day hr. min.

9. Birthplace Bollinger Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name George Call
13. Birthplace Bollinger Co. (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Lasley
15. Birthplace Bollinger Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Effie Call
(b) Address Lutesville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-I4-I942 (Month) (Day) (Year)
(c) Place: burial or cremation Lutesville, Mo.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. J. C. Graham

19. (a) 3/13/42 (Date received local registrar) (b) Mrs Geneva Graham (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day I3th
year I942 hour 3:00 minute 30 A. M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h/ him alive on 3/3/42 19...;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cardiac Decompensation | |
| Due to Hodgkins Disease. | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 44 | |
| 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John J. Glynn M.D. (Doctor or other)
Address Jackson Mo. Date signed 3/18/42

1062 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 442 - 46
Date filed 4 - 13 - 42

## 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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Centerville, 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.**