

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11354

State File No.

FILED APR 25 1942

Registration District No.

Primary Registration District No. 4328

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Princeton
(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) 1
(d) Length of stay: In hospital or institution..... (Specify whether
In this community, 13 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 065
(c) City or town Princeton
(If outside city or town limits, write "RURAL") 0
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1942 hour 2-45 minute 0 P.M.
21. I hereby certify that I attended the deceased from FEB 20 1942
FEB 26 1942 to Mar 10 1942
and that death occurred on the date and hour stated above.
that I last saw him alive on Mar 5 1942
Immediate cause of death Trauma of Head Duration

3. (a) PRINT FULL NAME Andy J. Callen
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 Widowed
6. (b) Name of husband or wife Margaret Callen
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May 7 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 3 hr. min.

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

10. Usual occupation Pensioner

11. Industry or business.....

MOTHER FATHER { 12. Name Calvin Callen
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Lizabeth Maupin
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Callen
(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof 3-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ravanna

18. (a) Signature of funeral director Martin Hunter Home
(b) Address Princeton, Mo.

19. (a) Mar 13 42 (b) James Callen
(Date received local registrar) (Registrar's signature)

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) 1952

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 065
(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 E. W. Stacy (M.D. or other)
Address Princeton, Mo. Date signed 3/12/42

(Licensed Embalmer's Statement on Reverse Side)

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

5-5

1117

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 *F. J. G. Martin*

Licensed Embalmer No. *3760*

P. O. Address *Princeton 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.