

FILED OCT 8 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31150

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 294
 (b) Township Waverly Primary Registration District No. 303
 (c) City Waverly (d) Street No. Woodland Hospital 169 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Eugene P. McCallan
 (a) Residence, No. Clark Mo. St. Clark Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose L. McCallan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 | 8 | 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. assistant
 9. Industry or business in which work was done, as saw mill, bank, etc. Post-Master
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Lincoln Co. Mo.

FATHER
 13. NAME James M. McCallan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Maxtha Cummings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lopans Post Indiana

17. INFORMANT (ADDRESS) Rose L. McCallan Clark Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Grove DATE Sept. 17, 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Irene A. Thompson Madison Mo.

20. FILED 9/17 1942 Anna Lane Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1942

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1942 to Sept 15 1942

I last saw him alive on Sept 15, 1942 Death is said

to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Pancho renal insufficiency

Date of onset

Other contributory causes of importance: 131a

Name of operation None Date of

What test confirmed diagnosis? Cholesterol Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify.....

(Signed) Wm. H. Thompson, M. D.

(Address) Waverly Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-42-1837

Date Filed OCT - 7 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.....

Frederic G. Thompson

Licensed Embalmer No. 14201

P. O. Address Madison, 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, above space should be left blank.