S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20920

State File No.

ED JUL 14 1943

Registration District No. 43

Primary Registration District No. 2007

Registrar's No. 194

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(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 Butler 12

(c) City or town Rural - Rombauer
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 1

3. (a) PRINT FULL NAME Huberta Berniece Callahan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife James E. Callahan

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 8, 1915
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
28	3	12	hr. min.

9. Birthplace New Madrid County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Waitress

11. Industry or business Cafe

FATHER
12. Name W. Walker (Foster father)
13. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace " 9 (City, town, or county) (State or foreign country)

16. (a) Informant W. Walker
(b) Address Rombauer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Maldew, Mo.

18. (a) Signature of funeral director Greer Croy Funeral Serv.
(b) Address Poplar Bluff, Missouri

19. (a) 6/23/43 (Date received local registrar) (b) Bill Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1943 hour 3:00 minute P. M.

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

Immediate cause of death Asphyxiation

Due to Accidental Drowning

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

183-3
36

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 012

(b) Date of occurrence June 20, 1943

(c) Where did injury occur? Black River near Poplar Bluff
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public
(Specify type of place)

While at work? No (e) Means of injury Drowning

23. Signature [signature] Deputy Coroner (M. D. or other)

Address Poplar Bluff, Mo. 3 Date signed 6-21-43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 23-854
Date Filed 2-13-63

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. 3474

P. O. Address Poplar Bluff, Missouri

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.