

FILED JUL 8 1943
Registration District No. **8280**

Primary Registration District No. **5962**

1. PLACE OF DEATH **Platte**
 (a) County **Platte**
 (b) City or town **Rushville, (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **R.F.D. #1 Marshall Imp**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Lifetime** (Specify whether years, months or days)
 In this community **Lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Platte**
 (c) City or town **Rural**
 (d) Street No. **R.F.D. # 1 Rushville, Mo.**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Josephine L. Callaway**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **William** 6. (c) Age of husband or wife if alive **Dead** years
 7. Birth date of deceased **September 14, 1871**
(Month) (Day) (Year)

8. AGE: Years **71** Months **9** Days **5**
 If less than one day **hr. min.**

9. Birthplace **DeKalb, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**
 11. Industry or business **Home**

MOTHER FATHER
 12. Name **James Pickeral**
 13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
 14. Maiden name **Bethany Pickeral**
 15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Alfred Callaway (Son)**
 (b) Address **Rt. # 1, Rushville, Mo.**

17. (a) **Burial** (b) Date thereof **6/21/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Armstrong Cem.**

18. (a) Signature of funeral director **John E. Smith**
 (b) Address **6054 Pryor Ave., St. Joseph, Mo.**

19. (a) **6-30-43** (b) **Mrs. Clay Hiffer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19**
 year **1943** hour **12** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **May 7, 1943** to **June 17, 1943**
 that I last saw her alive on **June 17, 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy** Duration

Due to **arteriosclerosis**

Due to **arterial hypertension**

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings: **1/30**
 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 _____
 (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? _____

23. Signature **E. L. Plath** (Specify type of place) (Date of other)
 Address **De Kalb, Mo.** (City or town) (State) Date signed **6-21-43**

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

RECEIVED

District Health Officer No. Platte
District File Number 7-43-66
Date Filed 7-6-43

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 John E. Ruff
Licensed Embalmer No. 3986
P. O. Address St. Joseph, 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.