. S. No. 2
0M—5-42
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34630

NOV 5 1943

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 86

1. PLACE OF DEATH
(a) County Franklin
(b) City or town Washington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Yes - 2 days (Specify whether In this community years, months or days) 34 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington (If outside city or town limits, write "RURAL")
(d) Street No. 309 Jefferson St. (If rural, give location)
(e) Citizen of foreign country No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laurette Farrar McCallister
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 Frank McCallister
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 5 (Day) 1865 (Year)

8. AGE: Years 78 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Gerald (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Home Maker
11. Industry or business Own Home
FATHER
12. Name Farrar Armstrong
13. Birthplace Gerald (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Martha Bell
15. Birthplace Gerald (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Elmer Breto
(b) Address 625 Clark, Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Nichols & Witt, Inc.
(b) Address Washington, Missouri
19. (a) Oct 23/43 (Date received by local registrar) (b) Lucile Ruether Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1943 hour 9 minute 20 P. M.
21. I hereby certify that I attended the deceased from October 19, 1943 to October 22, 1943 that I last saw her alive on October 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Obstruction of the bowels.	about 4 or 6 days
Due to Chr. myocarditis	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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
(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 H. A. May (M. D. or other)
Address Washington, Mo. Date signed 10/23/43

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(Licensed Embalmer's Statement on Reverse Side)

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~~ Lester H. Witt, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.