

Registration District No. 300

Primary Registration District No. 4449

Registrar's No.

90
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Ellington Mo.
(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: ⁹⁰

(a) State mo (b) County Reynolds

(c) City or town Ellington Mo.
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Mary Francis Callyatt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1944 hour 11:55 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 18, 1944, to Jan 28, 1944
that I last saw her alive on Jan 26, 1944
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife Geo Callyatt 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased: July 17 1865
(Month) (Day) (Year)

Immediate cause of death Carcinoma of the right hip spreading through
Due to the entire system

Due to _____

8. AGE: Years 78 Months 6 Days 11
If less than one day _____ hr. _____ min.

Other conditions Broncho Pneumonia
(Include pregnancy within 3 months of death)

Due to _____

9. Birthplace Reynolds Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

Major findings: _____
Of operations 55

Of autopsy _____

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

MOTHER FATHER

12. Name Kinck Pulliam

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Betty Pulliam

15. Birthplace West
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Geo Callyatt

(b) Address Ellington Mo

17. (a) Redford Mo (b) Date thereof Jan 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Redford Mo

18. (a) Signature of funeral director Hubert J. ...

(b) Address Ellington Mo.

19. (a) 2-7-44 (b) Essie Evans
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature E. M. ... (M. D. or other) MD.

Address Redford Mo Date signed 1/29/44

1186

RES.

District

No. 5,

District No.

244130

Date Filed

2.10.44

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 1-29-4

Registered Apprentice No.

working under my personal supervision.

Signed

Philip A. Leuchel

Licensed Embalmer No.

2936

P. O. Address

Van Buren

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.