

FILED FEB 28 1944

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 145

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

1. PLACE OF DEATH: **GREENE**

(a) County **Greene**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **738 W. Elm**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None** (Specify whether)

In this community **50 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")

(d) Street No. **738 W. Elm** (If rural, give location)

(e) Citizen of foreign country? **None** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **Ernest Callender**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mrs. Anna Callender**

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

7. Birth date of deceased **August 8, 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 6 2 hr. min.

9. Birthplace **Whiting, Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Railroad Engineer**

MOTHER FATHER { 12. Name **Unk.**

{ 13. Birthplace **Unk. Unk. 9**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Unk.**

{ 15. Birthplace **Unk. Unk. 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ed Smith**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **2/15/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **2-14-44** (b) **Dr. W. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **10**
year **1944** hour **7:15** minute **P. M.**

21. I hereby certify that I attended the deceased from **1/10/44**
19 **10** to **2/10/44** 19 **44**
that I last saw him alive on **2/3** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary arterio-sclerosis**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **94a**

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature **A. B. Lemmon** (M. D. or other) **M. D.**

Address **Springfield, Mo.** Date signed **2/13/44**



JUN 21

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 Lewis G. Scharff

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.

X