

FILED AUG 3 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25938

Registration District No. 257

Primary Registration District No. 6187

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Taney
(b) City or town Protem (Big Creek town)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Several years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Taney
(c) City or town Protem
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ricilla Jane Callen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dr. J. M. Callen
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased Jan 4 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 11
If less than one day hr. _____ min. _____

9. Birthplace Sharp Co Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Andrew Newton Dalgan

13. Birthplace Sharp Co Ark
(City, town, or county) (State or foreign country)

14. Maiden name Betty Anderson

15. Birthplace Sharp Co Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Dash Ford

(b) Address Protem, Ark.

17. (c) Burial (b) Date thereof June 16 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Protem, Mo.

18. (a) Signature of funeral director J. C. Hef

(b) Address Harrison, Ark.

19. (a) July 5 1944 (b) Louise Frazier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1944 hour 12 minute 45 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 Cancer Duration Yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 J. M. Callen (M. D. or other) Med

Address Protem, Ark. Date signed 6/17/44

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District No. Number 844-876

Date received AUG 2 1944

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.

*Body was not embalmed -
only dressed & placed
in casket for burial.*

Signed *Genevieve Ryan*

Licensed Embalmer No. *698*

P. O. Address *Greenwood Park*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Aug
Registrar's No. 168

Registration District No. 35

Primary Registration District No. 6187

1. PLACE OF DEATH:

(a) County Jamez
(b) City or town Proctor - Big Creek Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Priscilla J. Callen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Jan (Month) 4 (Day) 1944 (Year)

8. AGE: Years 6-4 Months 5 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan year 1944 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Duration _____

Due to unknown

Due to N.M.O.

Other conditions _____ (include pregnancy within 3 months of death)

Major findings: Of operations 55e

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 _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTAL

MOTHER FATHER

25938