S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30970

State File No.

Registration District No. 132 Primary Registration District No. 5477 Registrar's No. 307

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton Rural Madison Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: in home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town Trenton R F D (If outside city or town limits, write "RURAL")

(d) Street No. Madison Twp (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JAMES FRANKLIN CALL

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Dead

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

7. Birth date of deceased Feb (Month) 22 (Day) 1853 (Year)

8. AGE: Years 91 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name JOHN CALL
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name DEBBY ANN COOK
15. Birthplace Unknown Maryland (City, town, or county) 1 (State or foreign country)

16. (a) Informant Fred Call

(b) Address Jamesport

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20 44 (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Grundy Co.

18. (a) Signature of funeral director [illegible]

(b) Address Jamesport Mo.

19. (a) 9-26-44 (Date received local registrar) (b) L. S. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1944 hour 5 AM minute M.

21. I hereby certify that I attended the deceased from As Coroner, 19 to Sept 18, 1944 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia due to Smoke and fire.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Accident 040

(b) Date of occurrence 9-18-1944

(c) Where did injury occur? Trenton Mo (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home on Farm - House burned (Specify type of place)

While at work? no (e) Means of injury

23. Signature Wm A Vinson (M.D. or other) MD

Address Trenton Mo Date signed 9-20-44

1330 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.