. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20106

Registration District No. JUL 12 1945 54

Primary Registration District No. 5246

Registrar's No. 38

21
0
0

1. PLACE OF DEATH: Musselfork Twp
(a) County Chariton
(b) City or town Keytesville Rural
(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 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 21
(a) State Mo (b) County Chariton
(c) City or town Keytesville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Musselfork Twp
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Lewis Callahan
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 1
6. (b) Name of husband or wife Willis Callahan
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased January (Month) 21 (Day) 1887 (Year)

8. AGE: Years 58 Months 5 Days 0 If less than one day hr. min.

9. Birthplace Chariton Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Robert Owens
13. Birthplace Eccles (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Rose Franklin
15. Birthplace Eccles (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Willis Callahan
(b) Address Keytesville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Musselfork Cem
18. (a) Signature of funeral director James McLaughlin
(b) Address Marceline Mo
19. (a) 6/27/45 (Date received local registrar) (b) R A Gelmy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1945 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 1-44 ~~June 21, 1945~~, to June 21, 1945
that I last saw her alive on June 20, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 48 h

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)
(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 0

23. Signature G W Hawkins (M. D. or other)
Address Salisbury Mo Date signed 6/22/45

1023

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/11/45

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 Blanche M. Laughlin
Licensed Embalmer No. 1909
P. O. Address Marceline, 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.