. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Vernon 21545

Registration District No. 260 Primary Registration District No. 3076 Registrar's No. 74

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1036 N. Clay - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 3 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Vernon 108
(c) City or town: Nevada (If outside city or town limits, write "RURAL")
(d) Street No.: 1036 N. Clay St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Julia Ann Callison
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: J. W. Callison
6. (c) Age of husband or wife if alive: 89 years
7. Birth date of deceased: April 18 1866 (Month) (Day) (Year)
8. AGE: Years 79 Months 1 Days 21 If less than one day ..... hr. ..... min.
9. Birthplace: Green Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: House wife
11. Industry or business .....
MOTHER FATHER
12. Name: John Mayabb
13. Birthplace: Ky. (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Hinchman
15. Birthplace: Ky. (City, town, or county) (State or foreign country)
16. (a) Informant: J. W. Callison
(b) Address: Nevada Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Moore Cemet.
18. (a) Signature of funeral director: Eichinger Funeral Home
(b) Address: Nevada, Mo.
19. (a) 6-21-45 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 9th year 45 hour 9 minute 10 A.M.
21. I hereby certify that I attended the deceased from 6-8, 1945, to 6-9, 1945, that I last saw h. alive on 6-8, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocardial insufficiency
Due to: General arteriosclerosis
Due to .....
Other conditions: Diabetes
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: 0
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: F. L. Martin (M.D. or other) 6-19-45
Address: Nevada Date signed: M.D.

1331 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-55-650
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 Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.