No. 2
M—8-43
v. 5-17-39
I X37023

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24465
State File No. [illegible]

Registration District No. 209 Primary Registration District No. 5-7-6-6 3 0 4 3 Registrar's No. 127

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rhodes Street / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57
(c) City or town Briscoe 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillian Etta Callison
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 Single 0
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October 22, 1863 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	6	15	hr. min.

9. Birthplace Augusta County Virginia / (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John Callison
13. Birthplace Virginia / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Christina Carson
15. Birthplace Ohio / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Glenn Edward Wilson
(b) Address New London Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/45 (Month) (Day) (Year)
(c) Place: burial or cremation Reeds Cemetery Lincoln Co. Mo.
18. (a) Signature of funeral director Wm M. Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) 5-9-45 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1945 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from Mar 24, 1945 to May 7, 1945
that I last saw her alive on May 5, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial failure — Duration 2 weeks
Due to Pneumonia
Due to Mitral heart disease
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 2
23. Signature E. A. Porter BSc DO (M. D. or other)
Address 412 Center St Hannibal Mo Date signed May 8-1945

(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 George T. Bond

Licensed Embalmer No. 4372

P. O. Address Hannibal Missouri

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.