DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40029

FILED DEC 28 1945

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 5145

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Trinity Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9-12-45 - 12-12-45 (Specify whether
In this community as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 54

(c) City or town Lexington 3
(If outside city or town limits, write "RURAL")

(d) Street No. x 2
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 1

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Lucy Callaway

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Harry R. Callaway, Sr.

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November (Month) 20 (Day) 1892 (Year)

8. AGE: Years 53 Months 0 Days ~~23~~ 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business x

FATHER
12. Name Dr. Sanford Smith 1
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Georgie Young
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Harry R. Callaway, Sr.
(b) Address Lexington, Missouri

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Missouri

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-14-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th year 1945 hour 3:40 minute a M.

21. I hereby certify that I attended the deceased from Sep. 12 - 1945, to Dec. 12 1945, that I last saw her alive on Dec. 11 1945 and that death occurred on ~~the date~~ and hour stated above.

Immediate cause of death Toxemia

Due to Metastases from Carcinoma of vulva - duration about

Due to 2 years.

Other conditions ✓
(Include pregnancy within 3 months of death) 49 8

Major findings:
Of operations

Of autopsy Same - peritoneal malignancy

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

23. Signature Geo B. Norberg (M. D. ~~or other~~)

Address 1424 Professional Bldg. Date signed 12-12-45

(Licensed Embalmer's Statement on Reverse Side)

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

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.