

S. No. 2
M-8-43
5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2097**

FILED FEB 11 1946

Registration District No. 42

Primary Registration District No. 5130

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rushville Township

(c) Name of hospital or institution:
R.F.D. # 1 Rushville

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

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rushville RURAL

(d) Street No. R.F.D. #1 Rushville

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

If yes, name country _____

3. (a) PRINT FULL NAME Henry Callaway

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased December 25, 1866

(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 11

If less than one day _____ hr. _____ min.

9. Birthplace Rushville, Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Unknown

13. Birthplace Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Callaway (Nephew)

(b) Address Rt. # 1, Rushville, Missouri

17. (a) Burial (b) Date thereof 1/7/46

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

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

(b) Address 6054 Pryor Ave. St. Joseph, Mo.

19. (a) Jan. 9, 1946 (b) [Signature]

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6

year 1946 hour 11:00 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 14 to Jan 16 1946

that I last saw him alive on Jan 6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis

Duration by

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy [Signature]

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? _____

(a) Signature of physician [Signature] (Specify type of place) _____ (b) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 1/7/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

34

(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 *Mollie E. Sidenfaden Fox*

Licensed Embalmer No. *4235*

P. O. Address. *St. Joseph, 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.