

FILED MAY 14 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 109

Primary Registration District No. 542E

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell R. 1 - Union Tp.
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 24 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35
(c) City or town Campbell R. 1 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Forrest Cales

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 married

6. (b) Name of husband or wife Lennie Cales 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 25 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 0 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name John Cales

13. Birthplace Illinois
(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 Lennie Cales

(b) Address Campbell, Mo R. 1

17. (a) Burial (b) Date thereof 7-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany

18. (a) Signature of funeral director Landed Funeral Home
(b) Address Campbell, Missouri

19. (a) 7/26/46 (b) Mrs. Beulah Campbell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1946 hour minute 6:00 p.M.

21. I hereby certify that I attended the deceased from April 1 1946 to April 25 1946 that I last saw him alive on April 21 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute hepatitis Duration 2 wks

Due to

Due to

Other conditions Chronic Gastritis
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 125%

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 W. J. Rutledge (M.D. or other) W.D.
Campbell, Mo Date signed 7/26/46

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

11651

5
0
0

RECEIVED

District Health Office No. 2,

District File Number 546-618

Date Filed 5-13-46

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 Kristina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, Md

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.