

FILED JUN 5 1946

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 105

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton

(c) Name of hospital or institution: Clinton General Hospital
(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

3. (a) PRINT FULL NAME DOUGLAS M E COLLUM

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 12-23-45
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day ## hr. _____ min.

9. Birthplace Clinton, Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Frank Lee McCallum

13. Birthplace St Louis County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Gayetta Anderson

15. Birthplace St Louis Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Gayetta Anderson

(b) Address Orcusla Mo

17. (a) Burial (b) Date thereof 12-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yates Cemetery

18. (a) Signature of funeral director Orcusla, Mo

(b) Address Orcusla, Mo

19. (a) 5-28-1946 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Clair

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U.S.A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year 45 hour 12 minute P M.

21. I hereby certify that I attended the deceased from 12:30 AM, 1945 to 1 P.M., 1945; that I last saw him alive on 12 P.M., 1945; and that death occurred on the date and hour stated above.

Immediate cause of death _____

PREMATURITY - 7mm

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 159

Of autopsy _____

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 T. H. Tangler (M. D. or other) M.D.

Address Orcusla, Mo. Date signed 5-29-46

RECEIVED
District No. 7,
District File No. 5-46-503
Date Filed 6-4-16

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 J.B. Gaudin
Licensed Embalmer No. 3038
P. O. Address Osceola, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 109Registration District No. 137Primary Registration District No. 3023Registrar's No. 109

1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(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 days3. (a) PRINT FULL NAME Douglas McCallum3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Dec 23
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ (If less than one day) _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6-8-46 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair
(c) City or town Oscola Mo.
(If outside city or town limits, write "RURAL")(d) Street No. General Delivery
(If rural, give location)(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 3
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19 _____

that I last saw him _____ alive on _____, 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(c) Means of injury _____

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

Address _____ Date signed _____

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

SUPPLEMENTARY

16453