

No. 2
-12-45*
-17-39
-247070

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

FILED MAR 26 1946

Registration District No. 11

Primary Registration District No. 5228

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Drew (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community Allison Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Drew
(If outside city or town limits, write "RURAL")

(c) City or town Rural

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

(e) Citizen of foreign country? American (Yes or No)
 If yes, name country U

3. (a) PRINT FULL NAME Mary Catharine Calay

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Edd L. Calay

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 07 - 22 - 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 18
If less than one day

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name R. Brown

13. Birthplace Drew, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Amber L. Haerman

15. Birthplace New Bern, Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Edd L. Calay

(b) Address Shulville 9th Route 1

17. (a) _____ (b) Date thereof 12-11-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director L. J. ...

(b) Address Shulville 9th

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10th
 year 1946 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11-9 to 12-9
 that I last saw her alive on 12-9 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Abdominal Carcinoma

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

Major findings: 55E

Of operations _____

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 2

23. Signature Valdenn Newman D.O.
 Address Shulville 9th Date signed 12-11-46

Duration

PHYSICIAN

Underline the cause of death should be checked statistically

RECEIVED

District _____ Year No. 5,

District File No. 34.7155

Date Filed 3.24-97

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 [Signature]

....., Registered Apprentice No.
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2379

P. O. Address Belville 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.