

FILED MAR 4 1947

Registration District No. 290

Primary Registration District No. 5984

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Stanglegreen
(c) Name of hospital or institution: Liberty Room 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Smith Piles
years, months or days

3. (a) PRINT FULL NAME LINZY C. CALLICOATT

3. (b) If veteran, name war Worlds War 2. 3. (c) Social Security No. 7

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased July 22 1922
(Month) (Day) (Year)

8. AGE: Years 25 Months 7 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Pelon

11. Industry or business Meatpacking

12. Name James Floyd Callicoatt

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

14. Maiden name Jeannine May Callicoatt

15. Birthplace Cornington Okla
(City, town, or county) (State or foreign country)

16. (a) Informant D. W. Means

(b) Address 13th & Main Tulsa Okla

17. (a) Removal (b) Date thereof 2/28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa Okla

18. (a) Signature of funeral director W. B. Depple

(b) Address Richland Mo

19. (a) 3/3/47 (b) Kevin S. McClintock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla (b) County Tulsa
(c) City or town Tulsa
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25
year 1947 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Time, Badly
Choked Body

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 statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 2/25-1947
(c) Where did injury occur? Stanglegreen Pulaski Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Farm of Hacks Bowling
(Specify type of place)
While at work? _____ (e) Means of injury Burned
23. Signature W. B. Depple
Address Richland Mo Date signed 3/25/47

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.

*Not Embalmed
Chased Body.*

Signed.....

RB Duper

Licensed Embalmer No. *2*

3198

P. O. Address.....

Richland 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.