

Registration District No. **128** Primary Registration District No. **2000**

**1. PLACE OF DEATH:**

(a) County **Greene**

(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **St. John's Hospital**   
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 1/2 days** (Specify whether years, months or days)

In this community **1 1/2 days**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **Polk 84**

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

(d) Street No. **1**  
(If rural, give location)

(e) Citizen of foreign country? **1** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Charlie Eugene McCallum**

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **2**  
year **1947** hour **4** minute **20** A.M.

**21. I hereby certify that I attended the deceased from** **5/31**, 19**47** to **6/16/2**, 19**47**  
that I last saw him alive on **6/16/2**, 19**47**  
and that death occurred on the date and hour stated above.

4. Sex **male**  5. Color or race **white**

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

6. (b) Name of husband or wife **Ella McCallum** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **Jan 9**, 18**73**  
(Month) (Day) (Year)

Immediate cause of death **intestinal obstruction 6-8 days**

Due to **Carcinoma at recto-sigmoid area**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
<b>74</b>	<b>4</b>	<b>23</b>	hr. min.

Major findings: Of operations **see above**

Of autopsy **WOP**

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

9. Birthplace **Bellevue Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **retired farmer**

11. Industry or business \_\_\_\_\_

12. Name **Fillmore McCallum**

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

14. Maiden name **Sarah McKinney**

15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ella McCallum**

(b) Address **Bellevue Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 3 1947**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Prescott Hill Cem.**

18. (a) Signature of funeral director **Turpin Funeral Home**

(b) Address **Bellevue Mo.**

19. (a) **6-2-47** (Date received local registrar) (b) **W.E. Handley MD** (Registrar's 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?

While at work?  (Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature **W. Ralph Langston** (M. D. or other) **MD**  
Address **Springfield** Date signed **6/2/47**

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

39  
2  
6

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**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..... *Arnold K. Kupin* .....

Licensed Embalmer No..... *3053* .....

P. O. Address..... *Deliver He* .....

**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.**