

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 184
Registrar's No. 59

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH

(a) County St. Joseph

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital # 2
(If not in hospital of institution, write street number or location)

(d) Length of stay: In hospital or institution 12 yrs 1 mo 14 days
(Specify whether years, months or days)

In this community 12 yrs - 1 mo - 14 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bette Callaway

3. (b) If veteran, name war No

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife H. E. Callaway

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

7. Birth date of deceased Aug 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>74</u>	<u>8</u>	<u>?</u>	hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Henry Fischer

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

14. Maiden name Malay

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

16. (a) Informant Paul Eugene Callaway

(b) Address Meadville

17. (a) burial (b) Date thereof 11 18 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meadville, Mo.

18. (a) Signature of funeral director Heaton - Bowman

(b) Address St. Joseph, Mo.

19. (a) 1-21-48 (b) H. E. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17
year 1948 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 1st, 1947 to 1-17, 1948
that I last saw her alive on 1-17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Duration 3 hours

Due to arteriosclerosis 10 yrs

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations and

Of autopsy and

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) (a) Means of injury 0

23. Signature H. E. Jenkins (M. D. or other) 0

Address State Hospital # 2 Date signed 1/17 1948

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.....

Francis Joseph Wayland Jr....., Registered Apprentice No. *444*
working under my personal supervision.

Signed *Frank A. Bowman*

Licensed Embalmer No. *1710*

P. O. Address *St. Joseph, 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.