

Registration District No. **700**

Primary Registration District No. **3018**

**1. PLACE OF DEATH:**  
(a) County **Dent County**  
(b) City or town **Salem**  
(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 **Life Time** (Specify whether years, months or days)

**3: (a) PRINT FULL NAME** **America-GARNER-Callahan**  
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 **Widowed**  
6. (b) Name of husband or wife **J R Callahan**  
6. (c) Age of husband or wife if alive **22** years  
7. Birth date of deceased **April 22 1857**  
(Month) (Day) (Year)

**8. AGE:** Years **91** Months **6** Days **9**  
If less than one day hr. min.

**9. Birthplace** **Dent County Missouri**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **House wife**

**11. Industry or business**  
**12. Name** **Elisha Garner**  
**13. Birthplace** **Tenn.**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Salla Ann Glasgow**  
**15. Birthplace** **Tenn.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs M D Hobson**  
(b) Address **Salem Missouri**  
**17. (a) Burial, cremation, or removal** **Cedar Grove Cemetery**  
(b) Date thereof **Nov 4 1948**  
(Month) (Year)  
(c) Place: burial or cremation

**18. (a) Signature of funeral director** **Hobson & Brantley**  
(b) Address **Salem Missouri**  
**19. (a) Nov 2 - 49** (Date received local registrar)  
(b) **M. M. Hart, M.D.** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Dent** **33**  
(c) City or town **Salem** **1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **November** 1  
year **1948** hour **10** minute **0** P.M.  
**21. I hereby certify that I attended the deceased from** **Nov 1**  
**1**, 1948, to **Nov 1**, 1948  
that I last saw her alive on **Nov 1**, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**  
**hepatic**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**PHYSICIAN**  
Major findings:  
Of operations **gob**  
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** **J. G. Dillon** (M. D. or other)  
Address **Salem Mo** Date signed **11-2-48**

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

MOTHER FATHER

RECEIVED 11-9-48  
District Health Officer No. 5,  
District File No. 118697  
11-21-11  
Geo. E. Ford

**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 Edward F. Brayle  
Licensed Embalmer No. 4553  
P. O. Address Salem Miss

**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.**