

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18061**

FILED JUN 10 1942
Registration District No. **327**

Primary Registration District No. **3018**

Registrar's No. **108**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Clinton Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry 47**
(c) City or town **Clinton 2**
(If outside city or town limits, write "RURAL")
(d) Street No. **209 N. Washington 0**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Arthur Waldine Callen

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month **5** day **1** year **1942** hour **4** minute **15** M.

4. Sex **Fe 1** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **Jan 3 - 1940**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1941** to **May 1, 1942**
that I last saw her alive on **Apr 27**, 19**42**
and that death occurred on the date and hour stated above.

8. AGE: Years **2** Months **3** Days **28** If less than one day hr. min.

Immediate cause of death **Lobar pneumonia** Duration

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

Due to **Malnutrition & Heart weakness**

10. Usual occupation

Due to **Cerebral Hemorrhage at birth**

11. Industry or business

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER
12. Name **E F Callen**
13. Birthplace **Clinton Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Vera Childress**
15. Birthplace **Clinton Mo**
(City, town, or county) (State or foreign country)

Major findings: Of operations **10**

Of autopsy

16. (a) Informant **E F Callen**
(b) Address **Clinton Mo**

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

17. (a) **Burial** (b) Date thereof **5-3-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation **Englewood**
(d) Signature of funeral director **Fred Wellman**
(b) Address **Clinton Mo**

(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?

18. (a) Signature of funeral director **Fred Wellman**
(b) Address **Clinton Mo**
19. (a) **May 1, 1942** (b) **Georgia Kitchen**
(Date received local registrar) (Registrar's signature) **G.K.**

While at work? (Specify type of place) (c) Means of injury **2**

23. Signature **Geo L. [unclear]** (b) Date signed **May 1, 1942**
Address **Clinton Mo**

1064

RECEIVED

District Health Officer No. 7,

District File Number 6-42-582

Date Filed 6-8-42

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

Fred Wilkerson

Licensed Embalmer No.

2478

P. O. Address

Clinton Ma

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.