

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36841

State File No. ....

FILED DEC 4 1942

Registration District No. 37

Primary Registration District No. 4085

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Canal  
(b) City or town Hale  
(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 (Specify whether)  
In this community 40 years  
years, months or days

3. (a) PRINT FULL NAME Richard Emory Callaway

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lela May Callaway 6. (c) Age of husband or wife if alive, years 1870  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 11 23 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Callaway  
13. Birthplace Howard MO.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth J. Jones  
15. Birthplace Canal Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ray Rogers  
(b) Address Hale

17. (a) Burial (b) Date thereof Nov. 26-42  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Funhome Cemetery  
Frank E. Slater

18. (a) Signature of funeral director Hale  
(b) Address MO

19. (a) Nov. 28-42 (b) Mrs. Edgar Smith  
(Date received local registrar) (Registrier's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Canal  
(c) City or town Hale  
(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 Nov day 24  
year 1942 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1  
1942 to Nov 24 1942  
that I last saw him alive on Nov 23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Heart disease  
Due to Bright's Diseases 3 yrs  
Due to

Other conditions Senile Dementia  
(Include pregnancy within 3 months of death)

Major findings: Of operations 1318  
Of autopsy  
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) (e) Means of injury  
23. Signature D. A. O. Walsh (M. D. or brother) DO  
Address Hale, MO Date signed 11-25-42

Licensed Embalmer's Statement on Reverse Side

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-3-42

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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 \_\_\_\_\_

Licensed Embalmer No. 937

P. O. Address Kate 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.**