

FILED FEB 11 1943

Registration District No. 11139

Primary Registration District No. 5515

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Shawnee  
(c) Name of hospital or institution: 1  
(d) Length of stay: In hospital or institution no years  
In this community no years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Shawnee  
(d) Street No. Clinton RR # 17 Section  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME FRANK M. CALLEN

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 22 years  
7. Birth date of deceased April 22 1871

8. AGE: Years 71 Months 8 Days 30 If less than one day hr. min.

9. Birthplace Moravia Iowa

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Anderson Callen  
13. Birthplace Don't know  
14. Maiden name Mary Chambers  
15. Birthplace Don't know

16. (a) Informant Mrs. Lee Geldesman

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 1-13-43

(c) Place: burial or cremation Shawnee Cemetery

18. (a) Signature of funeral director Consalus & Pass

(b) Address Clinton Mo

19. (a) Jan. 13 1943 (b) Georgia Kitchen

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 43 hour 11 AM minute M.

21. I hereby certify that I attended the deceased from Dec 15 to Jan 11

that I last saw him alive on Jan 9 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 143

Due to Septic Prostatitis  
General debilitation

Other conditions (include pregnancy within 3 months of death) 1

Major findings: Of operations 93 Of autopsy 93

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence None  
(c) Where did injury occur? None  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

23. Signature Frank M. Callen (Specify type of place) Home (e) Means of injury None  
Address Clinton Mo Date signed Jan 11 43

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

42  
00

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

RECEIVED

District Health Officer No. 7,

District File Number 1-43-120

Date Filed 2-8-43

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.....

*J. E. Consolus*

Licensed Embalmer No. 1891

P. O. Address. *Clinton, 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.