

No. 2-1747-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8483

National Office of Vital Statistics
FILED MAR 16 1948

Registration District No. 797

Primary Registration District No. 3023

Registrar's No. 65

1. PLACE OF DEATH:

(a) County HENRY

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

(c) Name of hospital or institution:
201 S. ORCHARD ST. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days) 71 YEAR

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 42

(c) City or town Clinton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 201 S. orchard st. 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JERRY G. CALLAWAY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1948 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1948 to March 12 1948 and that I last saw him alive on March 10 1948 and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race W.

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

6. (b) Name of husband or wife MOLLY CALLAWAY

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

7. Birth date of deceased: NOV. 21, 1858
(Month) (Day) (Year)

Immediate cause of death: Cerebral thrombosis

Due to: arteriosclerosis 1371

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>3</u>	<u>21</u>	hr. min.

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

10. Usual occupation: Retired County officer

11. Industry or business _____

12. Name: James Hargwood Callaway

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

14. Maiden name: Hester Farmer

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

16. (a) Informant: James Callaway

(b) Address: Warrensburg, MO

17. (a) Burial (b) Date thereof: 3-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Englewood Cem.

18. (a) Signature of funeral director: J. A. Vassant

(b) Address: Clinton, Mo.

19. (a) 3-13-48 (b) R. M. Kenney
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations: _____

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature: [Signature] (M. D. or other) M.D.

Address: Clinton MO Date signed: 3-12-48

Duration

2 7/8

1371

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

2
1
2

RECEIVED

District Health Officer No. 7,

District File Number 2-48-249

Date Filed 3-15-48

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 H. A. Gausant.....

Licensed Embalmer No. 3779.....

P. O. Address Clinton.....

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.