

FILED DEC 4 1942

Registration District No. 57

Primary Registration District No. 4085

Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County Carroll
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(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 _____

3. (a) PRINT FULL NAME

Richard Emory Callaway

3. (b) If veteran, name war _____ 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) Dec (Day) 1 (Year)

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

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John Callaway

13. Birthplace Howard (City, town, or county) MO. (State or foreign country)

14. Maiden name Elizabeth Jeffers

15. Birthplace Carroll (City, town, or county) Mo. (State or foreign country)

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

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

(c) Place: burial or cremation Funhome

18. (a) Signature of funeral director Frank E. Slater (b) Address Hale

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

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 Disease 3 yrs

Due to _____

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

Major findings: Of operations _____

Of autopsy 1318

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. Ullsh (M. D. or other) DO
Address Hale, MO Date signed 11-25-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-3-42

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 Frank E. Statel

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.