

S. No. 2  
M-1/47  
5-17-39

National Office of Vital Statistics

FILED MAY 6 1948

Registration District No. **3011**

Primary Registration District No. **3011**

1. PLACE OF DEATH:

(a) County **Carroll Co.**

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

(c) Name of hospital or institution **Stater Hospital**  
(If not in hospital or institution, write street and location)

(d) Length of stay: In hospital or institution **8 Days**  
(Specify whether years, months or days)

In this community **8 Days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**

(c) City or town **Marshall, Missouri**  
(If outside city or town limits, write "RURAL")

(d) Street No. **261 So. English,**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Sam McR Calloway,**

3. (b) If veteran, **No**

3. (c) Social Security No. **495-01-0618**

name war \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

(b) Name of husband or wife  **Dollie Halsey Calloway** (c) Age of husband or wife if alive **43** years

7. Birth date of deceased: **February 25 1893**  
(Month) (Day) (Year)

20. DATE OF DEATH: Month **Mar** day **30** year **1948** hour **11:33** minute **A** M.

21. I hereby certify that I attended the deceased from **Mar. 22** to **Mar. 30** 19**48**

that I last saw him alive on **Mar. 30** 19**48** and that death occurred on the date and hour stated above.

Duration **9 days**

Immediate cause of death **Mitral insufficiency 4 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<b>55</b>	<b>1</b>	<b>5</b>	hr. _____ min.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **apb**

Of autopsy \_\_\_\_\_

9. Birthplace **Waverly, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Grocery Store**

11. Industry or business **His Own Store**

12. Name **Sam McR Calloway,**

13. Birthplace **Unknown - Kentucky** (City, town, or county) (State or foreign country)

14. Maiden name **Sallie Zoll**

15. Birthplace **Unknown - Penn.** (City, town, or county) (State or foreign country)

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)

(e) Means of injury \_\_\_\_\_

16. (a) Informant **Mrs. Sam Calloway,**

(b) Address **Marshall, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Apr. 2, 1948** (Month) (Day) (Year)

(c) Place: burial or cremation **Ridge Park Cemetery**

18. (a) Signature of funeral director **J. Leslie Pusney**

(b) Address **Marshall, Mo.**

19. (a) **4/2/48** (Date received local registrar) (b) **Mrs. Herbert Crest** (Registrar's signature) Address **Marshall, Mo.** Date signed **April 9 48**

23. Signature **J. Hamilton** M. D. or \_\_\_\_\_

Address **Marshall, Mo.** Date signed **April 9 48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

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

Date Filed 5-5-48

FEB 18 1958

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 \_\_\_\_\_

*Marvin Newton*

Registered Apprentice No. 51

working under my personal supervision.

Signed \_\_\_\_\_

*J. Kralis Sweeney*

Licensed Embalmer No. 3235

P. O. Address \_\_\_\_\_

*Marshall, 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.