

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 283

14  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Callaway

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

(c) Name of hospital or institution: State Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 4 M 5 D.  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME: James Lock Calloway

3. (b) If veteran, name war: DK.

3. (c) Social Security No.: DK.

4. Sex: M.

5. Color or race: W

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

6. (b) Name of husband or wife: Annis Bell Calloway

6. (c) Age of husband or wife if alive: 42 years

7. Birth date of deceased: July 2 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Warren Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: Frank Calloway

13. Birthplace: Warren Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Carter

15. Birthplace: Warren Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant: Record

(b) Address: \_\_\_\_\_

17. (a) Removal (b) Date thereof: 9-2-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Jonesburg Mo

18. (a) Signature of federal director: Paul A. Harding

(b) Address: Jonesburg Mo

19. (a) 9-2-42 (b) Josie M. Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Montgomery

(c) City or town: New Florence  
(If outside city or town limits, write "RURAL")

(d) Street No.: \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31  
year 1942 hour 11/45 minute 2 M.

21. I hereby certify that I attended the deceased from 8/31/1942 to 8/31/1942  
that I last saw him alive on 8/31/1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to: Arteriosclerosis

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

Other conditions: 93 e 1  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

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

PHYSICIAN: \_\_\_\_\_  
- 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: Josie M. Smith (M. D. or other) M.D.

Address: Fulton Mo Date signed: 9/1/42

109 W 7th

**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 *Carl A. Harding*

Licensed Embalmer No. *4115*

P. O. Address *Posesburg, 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.**