

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8495

State File No.

1194

FILED MAR 29 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1316 Michigan /
(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 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town R.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 1316 Michigan
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Frances Callaway

3. (b) If veteran, name war - no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1945 hour _____ minute 35 P.M.

21. I hereby certify that I attended the deceased from 3
5 — 1945 to 3-10- 1945
that I last saw her alive on 3-7- 1945
and that death occurred on the date and hour stated above.

4. Sex Fe 3 5. Color of race Col 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Benjamin Callaway Deceased 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased: Feb. 20 1857
(Month) (Day) (Year)

Immediate cause of death coma

Due to Nephritis chronic

Other conditions (include pregnancy within 3 months of death) 1316

Major findings:
Of operations _____
Of autopsy none

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

8. AGE: Years 94 Months 0 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation unemployed

11. Industry or business _____

12. Name Alex Isaacs

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

14. Maiden name unknown

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

16. (a) Informant Maggie Intt, daughter

(b) Address 1316 Michigan

17. (a) Burial (b) Date thereof 3-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Adkins Pres.

18. (a) Signature of funeral director N. E. Brown

(b) Address 2000 E. 12th R.C. Mo.

19. (a) 3-14-45 (b) _____
(Date received local registrar) (Registrar's signature)

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 0

23. Signature N. E. Brown (Physician or other) _____
Address 1542 N. 52th Date signed 3/14/45

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.....

A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.