

No. 2
-5-42
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6054

FILED MAR 12 1946

State File No.

Registration District No. 757

Primary Registration District No. 3028

Registrar's No. 24

1. PLACE OF DEATH:

(a) County. Jasper

(b) City or town. Carthage

(c) Name of hospital or institution:
700 Grant St., /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 77 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jasper 49

(c) City or town. Carthage /
(If outside city or town limits, write "RURAL")

(d) Street No. 700 Grant 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country.

3. (a) PRINT FULL NAME Sylvia Callison

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert Callison

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

7. Birth date of deceased April 22 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	9	9	hr. min.

9. Birthplace. Dixon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business. none

12. Name. Unknown

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

14. Maiden name. Jane Harrison

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

16. (a) Informant. Mr. Paul Callison
(b) Address. Corpus Christi, Texas.

17. (a) Burial (b) Date thereof. 2-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Friends Cemetery

18. (a) Signature of funeral director. Ed C. Ulmer

(b) Address. 1208 S. Garrison, Carthage

19. (a) 2-6-46 (b) L. B. Clement M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1946 hour 18:05 minute a.m.

21. I hereby certify that I attended the deceased from Jan 29 1946 to Feb 1 1946
that I last saw or alive on Jan 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: hypoxia pneumonia
complicating fractured left hip

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration 1 wk

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) no 116

(b) Date of occurrence Jan 22 1946

(c) Where did injury occur at home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? (Specify type of place) (e) Means of injury Fall

23. Signature J. E. Boyd M.D. (M. D. or other) 1

Address Carthage MO Date signed 2-6-46

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

MOTHER FATHER

139

46-2-189

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

John Stephen Dennis

Licensed Embalmer No.

4194

P. O. Address

Carthage, 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.