S. No. 2
M—8-43
. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

Registration District No. 291

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37977

Primary Registration District No. 5995

Registrar's No. 87

1. PLACE OF DEATH:

(a) County: Putnam

(b) City or town: Rural - Sherman Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: —
(Specify whether years, months or days)
In this community: Life Time

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Putnam 86

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Powersville, Mo. R.F.D. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME: Barbara Pollock Callison

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Carl G Callison

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: November (Month) - 3 (Day) - 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	0	4	hr. min.

9. Birthplace: Putnam County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home work

MOTHER FATHER

12. Name: William Godfrey 6

13. Birthplace: Unknown (City, town, or county) (State or foreign country) 1

14. Maiden name: Barbara Pollock

15. Birthplace: Unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant: Carlton W Callison

(b) Address: Powersville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov - 9 (Month) - 1946 (Year)

(c) Place: burial or cremation: Powersville Cemetery

18. (a) Signature of funeral director: Comstock Funeral Home

(b) Address: Unionville, Mo. By J. W. Comstock

19. (a) 12-6-46 (Date received local registrar) (b) Mildred Dunlap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 7 year: 1946 hour: 8 minute: 15 A.M.

21. I hereby certify that I attended the deceased from April 1st, 1946, to November 7, 1946, that I last saw her alive on November 5, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma with metatasis to liver, bone, spleen etc.	1 year
Due to	
Due to	
Other conditions: Chronic Myocarditis (Include pregnancy within 3 months of death)	

46F

Major findings:
Of operations: Metastatic carcinoma of G.I. tract
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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Marian Lambert (M. D. or other) M.D.

Address: Princeton, Mo Date signed: 11/9/46

200 (Licensed Embalmer's Statement on Reverse Side)

JUN 7 1951

RECEIVED
District Health Officer No. 10
District File Number 12-46-2206
DEC 10 1946
Date Filed

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 James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.