

S. No. 2
OM-5-43
v. 5-17-39
X36671

FILED MAY 6 1947

Registration District No. **28**

Primary Registration District No. **4071**

Registrar's No. **14**

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

1. PLACE OF DEATH:

(a) County **Coleman**

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

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **15 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Coleman** **15**

(c) City or town **Candenton** **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **0**

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

If yes, name country _____

3. (a) PRINT FULL NAME **NORA ALICE McCALLEN**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAR** day **26**
year **1947** hour **8** minute **30** P.M.

21. I hereby certify that I **VIEWED** attended the deceased from **MAR 26**, 19**47**
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **FRANK McCALLEN**

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

7. Birth date of deceased **APRIL 4 1877**
(Month) (Day) (Year)

Immediate cause of death **BROKEN NECK (fracture of cervical vertebrae);**
BASEAL SKULL FRACTURE
due to having been struck by automobile while walking on highway at night.

Due to _____

Other conditions (Include pregnancy within 3 months of death) **at night.**

Duration **Immediate**

8. AGE:	Years	Months	Days	If less than one day
	69	11	22	hr. _____ min.

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

MOTHER FATHER {

12. Name **WILL MITCHELL**

13. Birthplace **BONNETERRE MO**
(City, town, or county) (State or foreign country)

14. Maiden name **KATE SANNINGHAM**

15. Birthplace **BONNETERRE MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **WENDALL K. McCALLEN**

(b) Address **POPLAR BLUFF MO**

17. (a) **Removal & Burial** (b) Date thereof **Mar 28 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **POPLAR BLUFF**

18. (a) Signature of funeral director **Frank Costello**

(b) Address **Poplar Bluff mo**

19. (a) **Mar 21 1947** (b) **Zelpha Traw**
(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) **accident 15**

(b) Date of occurrence **3-26-47**

(c) Where did injury occur? **CANDENTON COLEMAN MO**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
U.S. Highway 54, 1 Block North Public Sq.
(Specify type of place)

While at work? _____

23. Signature **H. Dale Althoff** (M. D. or other) **10**

Address **Candenton Mo** Date signed **3-27-47**

RECEIVED
District Health Officer No. 71
District File Number 4-47-542
Date filed 5-5-77

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.