

JAN 21 1940
Registration District No. **213**

Primary Registration District No. **3014**

Registrar's No. **290**

1. PLACE OF DEATH:

(a) County Cole Co. **2**
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 220 R.W. Elm St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 64 years, months or days) 115D

8. (a) PRINT FULL NAME Lucy Louella Callahan
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Samuel Grant Callahan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 29, 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Price Harvey

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

14. Maiden name Stacey Jane Vernon
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature L.E. Callahan

(b) Address Rolla, Mo.

17. (a) Burial (b) Date thereof Dec 12, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview

18. (a) Signature of funeral director Bueschly Funeral Home

(b) Address Jefferson City, Mo.

19. (a) 12/11/39 (b) Subsistat M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 220 R. West Elm
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10th
year 1939 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Caron's Case _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease
Due to _____

Other conditions 92K
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration

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 Thamie Nichols Caron (M.D. initials)

Address Rolla, Mo. Date signed 12/10/39

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Victor Biescher

Licensed Embalmer No.

3701

P. O. Address.....

J. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.